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ABSTRACT

Written for parents, teachers and preschool personnel involved with visually handicapped children, the book provides an overview of mainstreaming procedures and implications. The first chapter provides a definition of mainstreaming and considers benefits' professional involvement, and resources available for parents and teachers. Diagnostic considerations and educational consequences of visual impairment are reviewed in a second chapter. Discussed in the third chapter are the effects of visual handicaps on preschoolers' self concepts, motor skills, self help skills, intellectual skills, speech and language development, and social competence. General teaching guidelines (including setting limits and pacing class activities) as well as specific teaching techniques and activities (such as training blind children to recognize the direction and distance of sounds) for mainstreaming the visually impaired are provided. In the final three chapters, the roles of parents and teachers are examined and ways of locating resource help (including specialists and parent organizations) are suggested. (CL)

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CONTRACT RESEARCH CORPORATION
25 FLANDERS ROAD
BELMONT, MASSACHUSETTS 02178
TELEPHONE (617) 489-3150

√ June Jordan
Angele Thomas
Joyce Aegerter

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
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EDITED TEXT

MAINSTREAMING PRESCHOOLERS:
CHILDREN WITH VISUAL HANDICAPS

October 25, 1977

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1028 CONNECTICUT AVENUE, N.W. SUITE 830 WASHINGTON, D.C. 20036 TELEPHONE (202) 833-3150

(Inside front cover)

SPECIAL MESSAGE TO PARENTS

This book is meant to help parents as well as teachers understand mainstreaming and visual handicaps. Chapter 5 describes specific ways in which parents can help their visually handicapped child. But parents will find the other chapters useful in learning more about development in visually handicapped youngsters, techniques and activities to promote learning, how Head Start functions in serving handicapped children, and what resources outside of Head Start are available to help fill their child's special needs.

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INTRODUCTION

The Purpose of This Book

This book was written for teachers, parents, and others, such as diagnosticians and therapists, who work directly with visually handicapped preschoolers. It provides some good ideas for helping children with visual handicaps learn and feel good about themselves, and answers many questions, including:

What is mainstreaming?

What are visual handicaps?

How do visual handicaps affect learning in three to five year olds?

How can you design an individualized program for a visually handicapped child?

What activities are especially useful for children with visual handicaps?

How can parents help their visually handicapped child?

Where can you go to seek help--people, places, and information?

The Organization of This Book

This is one of a series of eight books on children with handicaps, written for Head Start, day care, nursery schools and other preschool staff, and parents of children with special needs. Each book is concerned with one handicapping condition. The other seven books address:

- emotional disturbances
- health impairments
- hearing impairments
- learning disabilities
- mental retardation
- physical (orthopedic) handicaps
- speech and language impairments (communication disorders).

There are certain guidelines that are similar in working with all kinds of handicapped preschoolers. These guidelines should be useful to teachers and parents who are directly involved with children with special needs. They are described in Chapters 1, 5, 6, and the sections in Chapter 4 on planning, classroom facilities, and general teaching guidelines. While these chapters (or sections of chapters) are largely the same in most of the books in this series, the examples and suggestions provided in each book are specific, and will help you apply the general information to a child with a particular handicap.

A Word on Words

In this book the terms handicapped children and children with special needs mean the same thing.

CHAPTER 1: WHAT IS MAINSTREAMING?

WHAT DOES MAINSTREAMING MEAN?

"Mainstreaming" means helping people with handicaps live, learn, and work in settings where they will have the greatest opportunity to become as independent as possible. In Head Start programs, mainstreaming is defined as the integration of handicapped children and non-handicapped children in the same classroom. It gives handicapped children the chance to join in the "mainstream of life" by including them in a regular preschool experience, and gives non-handicapped children the opportunity to learn and grow by experiencing the strengths and weaknesses of their handicapped friends.

However, mainstreaming does not simply involve enrolling handicapped children in a program with non-handicapped children. Definite steps must be taken to ensure that handicapped children participate actively and fully in classroom activities. As a Head Start teacher, it is your role to take these steps.

Mainstreaming is not new to Head Start. Since its beginning, Head Start programs have included handicapped children in classrooms with non-handicapped children. The Economic Opportunity Amendments of 1972 (Public Law 92-424) required that ten percent of the Head Start enrollment in the nation be handicapped children. Two years later, the Head start, Economic Opportunity, and Community Partnership Act of 1974 required that, by fiscal year 1976, not less than ten percent of the total number of enrollment opportunities in Head Start programs in each state be available to handicapped children. And most recently, Public Law 94-142, the Education for All Handicapped Children Act, has mandated that the public schools provide "free, appropriate education" in the "least restrictive setting" for handicapped children from 3 to 21 years of age. Thus, mainstreaming has become an important and well-accepted approach in the education of young handicapped children.

It is the function of Head Start programs to:

> serve handicapped children in an integrated setting or mainstream environment with other children; provide for the special needs of the handicapped child; and work closely with other agencies and organizations serving handicapped children in order to identify handicapped children, and provide the full range of services necessary to meet the child's developmental needs. (Head Start Transmittal Notice 75.11--9/11/75).

Research on children has shown over and over that the early years of life are critical for learning and growth. It is during this time that children's intellectual, social, and emotional development can be most influenced. If special needs are recognized and met during these years, handicapped children will have a much better chance of becoming competent and independent adults. Handicapped youngsters who are given the opportunity to play with other children in the Head Start classroom learn more about themselves and how to cope with the give and take of everyday life. This is one of the first steps toward developing independence. By participating in regular preschool settings that are able to provide for special needs, with teachers who know how to adapt teaching techniques and activities, children with special needs will truly have a "head start" in achieving their fullest potential.

BENEFITS OF MAINSTREAMING

There are many benefits to mainstreaming--benefits that affect both handicapped and non-handicapped children, as well as their parents and teachers.

MAINSTREAMING HELPS HANDICAPPED CHILDREN

Participating in a mainstream classroom as a welcome member of the class teaches children with special needs self-reliance and helps them master new skills. For some, it may be the first time in their lives that they are expected to do for themselves the things they are capable of doing. Working and playing with other children encourage handicapped children to strive for greater achievements. Working toward greater achievements helps them develop a healthy and positive self-concept.

Mainstreaming can be an especially valuable method for discovering undiagnosed handicaps. Some handicaps don't become evident until after a child enters elementary school, and by then much important learning time has been lost. A preschool teacher is able to observe and compare many children of the same age, which makes it easier to spot problems that may signal a handicap. Preschool may therefore be the first chance some children get to receive the services they need.

MAINSTREAMING HELPS NON-HANDICAPPED CHILDREN

Mainstreaming can help non-handicapped children, too. They learn to accept and be comfortable with individual differences among people. Many studies have shown that children's attitudes toward handicapped children become more positive when they have the opportunity to play together regularly. They learn that handicapped children, just like themselves, can do some things better than others. In a mainstream classroom, they have the opportunity to make friends with many different individuals.

MAINSTREAMING HELPS PARENTS

Mainstreaming is also good for the parents of children with special needs. With you, the other members of the staff, and specialists sharing the responsibility for teaching a child, the parents come to feel less isolated. They can learn new ways to help their own child. As they watch their child progress and interact with non-handicapped children, parents are helped to think about the child more realistically. They will see that some of the behavior they are concerned about is probably typical of all young children, not just children with handicaps. In these ways, parents come to feel better about their children and themselves.

MAINSTREAMING HELPS TEACHERS

Mainstreaming also has advantages for you. You have the chance to make a significant impact on a handicapped child. The techniques you develop for working with a child with special needs are just as useful with non-handicapped children who have minor weaknesses in the same areas. In fact, many of the most effective teaching techniques known were first developed for handicapped children. Finally, working with handicapped children is a chance to broaden both your teaching and personal experience.

HOW IS MAINSTREAMING CARRIED OUT?

Mainstreaming can be carried out in a variety of ways. How you decide to mainstream a particular handicapped child will depend upon the child's strengths, weaknesses, and needs, and will also depend upon the parents, the staff and resources within your program, and the resources within your community. As you know, every child is an individual with different needs and abilities. This is just as true for handicapped children: they display a broad range of behavior and abilities.

Some handicapped children may thrive in a full-day program with non-handicapped children. Others will do best in a mainstream environment for only part of the time, attending special classes or staying at home for the rest of the day. For still others, mainstreaming may not be the most helpful approach. The principle to follow is that handicapped children should be placed in the "least restrictive environment." This means that the preschool experiences of handicapped children should be as close as possible to those of non-handicapped children, while still meeting the special needs created by their handicaps.

Mainstreaming involves the efforts of many people working as a team--teachers, the child's parents, Head Start staff (in health, education, handicap, parent involvement, and social services), other specialists providing consultant services on a full- or part-time basis, agencies serving handicapped children, and the public schools in the community. The identification, development, and coordination of this team effort is both a challenge and a critical requirement in meeting the needs of a handicapped child.

As you and your program staff get to know each child, and as you work with the child's parents and specialists in your community's agencies and public schools, you will be able to decide what is best for each child. This book describes how mainstreaming can be carried out by the parent/Head Start/specialist team in order to provide the best program for both handicapped and non-handicapped children.

This book also discusses different classifications of visual handicaps--partial sight and blindness--and describes some of the things children with each type of visual handicap can do well and things they may have some trouble doing. Specific activities and teaching techniques are given for use with partially sighted children and for children with little or no vision.

WHAT IS YOUR ROLE IN MAINSTREAMING?

This book approaches mainstreaming from the standpoint of child development. It emphasizes the importance of seeing handicapped children first and foremost as children, with the same needs all children have for love, acceptance, exploration, and a sense of competence. By understanding how all children develop and learn you can better understand the effects of a particular handicapping condition. For example, knowing the importance of visual information will help you understand the effects of blindness on a child's development. You can then use this knowledge to plan appropriate activities for building on the child's strengths and working on his or her weaknesses.

The teaching techniques and activities provided in this book are designed to help develop skills in particular areas of development--motor, social, intellectual, language and speech, and self-help--and can be used with any child or group of children in your classroom, whether they are handicapped or non-handicapped.

As a teacher, your role in mainstreaming includes:

- developing and putting into effect an educational program that meets the individual needs of each child in the classroom, including the special needs of a child with a handicapping condition.
- working together with the parents of a handicapped child so that learning situations that occur in your classroom are reinforced by the parents at home
- finding out, through your handicap coordinator or social services coordinator, what special services a handicapped child is receiving and how you can get a specialist to help you in your classroom teaching

- arranging referrals through your handicap coordinator or social services coordinator for diagnostic testing, if you feel a child has a problem that has not been clearly identified.

In carrying out this role, there are many resources that can be tapped to assist you. Later in the manual they will be described in more detail, but they are summarized on the following chart.

WHERE TO GO FOR HELP

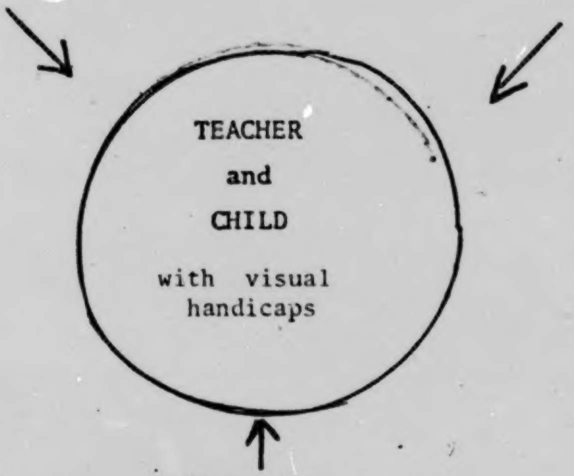
There are many resources you can tap for help with a handicapped child. Take advantage of these resources by actively seeking them out. For detailed information on Head Start and other resources in your area, see Chapter 6. For detailed information on national professional and parent associations and agencies, and a list of helpful materials, see Chapter 7.

Places

- Public schools
- Community agencies
- Universities
- Hospitals and clinics
- State Department of Education

People

- Head Start staff
- Child's parents
- Specialists
- Public school teachers of handicapped children
- Resource Access Projects



Information

- Libraries
- State and federal agencies for the handicapped
- National associations
- Parent organizations

CHAPTER 2: WHAT ARE VISUAL HANDICAPS?

When you welcome visually handicapped children into your program, you will discover that they are more like non-handicapped children than they are different from them. They share with other children the same basic needs, they develop and grow in the same sequence, and they need to learn the same things.

If you have never known young children with limited vision or no sight before, you probably have questions about what these children are like and what you should be doing for them. You may be thinking, "There must be something 'special' that these children need. How can I help them, when I don't know much about vision problems?"

Like all children, visually handicapped children are individuals. Their vision varies greatly among them, ranging from degrees of low vision to total blindness. Those with limited vision may see only shadows or parts of objects and situations. Objects may be blurred, fuzzy, or distorted. Some children may have problems seeing color. Some lack peripheral vision, meaning that they cannot see what is on either side of them without turning their head. Others may have clear peripheral vision and poor central vision, so that they see best out of the corners of their eyes. Each visually handicapped child will learn a little differently, depending on these and many other factors.

Here are some examples of how the world looks to three children with visual handicaps:

Amy can see things if they are right in front of her, but cannot see things on either side without moving her head. It is as though she were looking through a tube held up to each eye. This is called tunnel vision. Try holding two paper towel rolls up to your eyes. This will give you an idea of how Amy sees and how she needs to move her head to make up for her lack of side, or peripheral, vision.

Alexio has a spotted field of vision; In other words, he sees spots in front of his eyes, so that parts of people, things, and experiences are always blanked out. Alexio can only see "around" the spots. By moving his head, he can get a more complete image. Try putting on a pair of goggles or glasses with several spots of varying sizes taped to the lenses. This will help you experience the way Alexio sees and what he may need to do to see a more complete image.

Renee was born with cataracts. As a result, her vision is very hazy, as though she were looking through wax paper or a waterfall. Renee says she can see better when she tilts her head to one side, but she has difficulty seeing in very bright light or when there is a glare. Some days Renee sees better than other days, depending on how well rested and relaxed she is. Try looking through the bottom of a drinking glass or a piece of wax paper to get an idea of how a child's vision may be affected by cataracts.

This chapter looks at visual handicaps in children: how they are defined and how to recognize them, and what they mean for those who teach and work with visually handicapped preschoolers. We use some of the terms commonly employed to describe children with vision problems. These terms have been agreed upon by specialists who work in the field of visual handicaps. You will want to be familiar with these terms, because they may appear in medical reports that you can use to increase your understanding of a child's special needs and to plan an appropriate program. However, it's important to recognize that terms sometimes become labels, which limit rather than extend our understanding. Labels should be avoided whenever possible, because they are often misused, and they often produce negative and inaccurate expectations for a child. Describing children in terms of strengths and weaknesses is much more valuable to you than being able to fit them into terms or labels.

In addition, this chapter includes information on how to recognize possible visual handicaps in children, and how to go about referring children for professional diagnosis.

HOW ARE VISUAL HANDICAPS DEFINED?

Vision is a process that involves seeing with the eyes and interpreting (perceiving) what is seen with the brain. The first part of the process, the act of seeing with the eyes, calls for visual acuity (the ability to see clearly). Acuity can be measured accurately, using the Snellen Distance Eye Test (the "Big E" test), which reports the results in the form of a fraction (normal vision = 20/20). Visual handicaps are defined in part by the use of Snellen test results.

The second part of the vision process, interpretation, is a learned function, which develops with visual experience early in life, and which cannot be defined or measured with scientific accuracy.

There are two major classifications of visual handicaps: partial sight and blindness.

PARTIAL SIGHT

Project Head Start has adopted the following definition of partial sight as a guideline to Head Start personnel:

> A child shall be reported as visually impaired if central acuity, with corrective lenses, does not exceed 20/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees, or who suffers any other loss of visual function that will restrict learning processes, e.g., faulty muscular action. Not to be included in this category are persons whose vision with eyeglasses is normal, or nearly so. ("Transmittal Notice Announcement of Diagnostic Criteria for Reporting Handicapped Children in Head Start," OCD-HS, 11 September 1975.)

In other words, a child is considered visually handicapped or partially sighted if, standing at a distance of 20 feet from a Snellen chart, he or she can identify the same size letter or symbol that the normal eye can identify at 70 feet from the Snellen chart (20/70). This includes a child who has only one eye impaired and the other within the normal range of vision. The expression "central acuity" in the definition refers to the ability of the eye to perceive the shape of objects in the direct line of vision. A child is also considered partially sighted if his or her peripheral vision is limited to an angle of 140° ("subtends an angle of no greater than 140 degrees...") when looking straight ahead. Faulty muscular action" refers to one or both eyes turning in, out, up, or down--so that eye movement is not coordinated or focusing is impaired.

Some children with low vision may move closer to objects they want to see, tilt the head to one side, or stumble over objects in their path. Other children may have abnormal movements of the eyes from side to side, or may squint when they are trying to see more clearly.

BLINDNESS

The following definition of blindness has been adopted by Project Head Start as a guideline to Head Start personnel:

> A child shall be reported as blind when any one of the following exist: (A) child is sightless or has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (B) a determination of legal blindness in the State of residence has been made; (C) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degress. ("Transmittal Notice Announcement of Diagnostic Criteria for Reporting Handicapped Children in Head Start," OCD-HS, 11 September 1975.)

Stated in another way, a person is considered blind, according to the above definition, if, standing at a distance of 20 feet from the Snellen chart, he or she sees the same size letter or symbol seen by a normal eye at 200 feet (20/200), or his or her peripheral vision is limited to an angle of 20° when looking straight ahead.

It is important to note that the above legal definition of "blindness" includes people who have remaining vision, as well as those who are totally blind. WHEN BLIND CHILDREN ARE REFERRED TO IN THIS BOOK, REMEMBER THAT THE OVERWHELMING MAJORITY OF THEM DO HAVE SOME REMAINING VISION.

EDUCATIONAL CONSEQUENCES

It should be noted that the technical definitions of partial sight and blindness are numerical measures of sight (visual acuity), and do not measure how well a person uses this vision for everyday purposes. Some people with very little sight can use what they have more effectively than others who have a good deal more "measured" sight. Awareness, understanding, and acceptance of children's visual problems and careful observation of what they can do and how they do it are more helpful to you in planning for them than any definitions based on acuity.

For educational purposes, children are visually handicapped if their ability to see, even after the best medical treatment (eyeglasses, other optical aids, and/or surgery), limits their ability to learn through the visual channel such that they require special materials, equipment, and teaching techniques in order to function in the classroom.

Most visually handicapped children you will encounter will have some residual (remaining) vision, which they should be encouraged to use regardless of how slight it may be. The eyes, especially in early childhood, benefit from use. You should encourage a child to look both far and near, and to examine objects close up. If necessary, encourage a child to hold objects close to the face, even if only part of the object is seen in this manner.

You may notice that a child sees better on some days than others. This is because a child's vision can be affected negatively by such factors as fatigue and anxiety. For example, Gia, a visually handicapped four year old, had no trouble putting together a simple puzzle one day. But when she tried it two days later, she struggled to find the right pieces. Mr. Villegas, her teacher, knew that Gia's mother had gone into the hospital the day before. He suspected that the difficulty Gia was having using her vision might be because she was anxious and nervous in her mother's absence. For several days, Gia had increased difficulty using her vision. Once her family life returned to normal, however, Gia was able to complete tasks successfully more consistently.

HOW DO VISUAL HANDICAPS AFFECT LEARNING?

The term *visual handicap* is usually used when a child has a vision problem that affects learning: that is, taking in information, thinking about that information, and acting on that information (e.g., moving about or communicating). Visual handicaps directly interfere with a child's ability to gain information through the visual channel, and *may* interfere with the ability to act on the information (move about).

A child who is *congenitally blind* (born blind) may be developmentally behind other preschoolers, because the process of learning through the visual channel has been seriously limited. Children who become blind after birth are called *adventitiously blind*. Adventitious blindness can result from disease, injury, poisoning, or a genetic or hereditary condition that appeared after birth.

Depending on when the vision loss took place, children who are adventitiously blind may be developmentally similar to other preschoolers.

If you have a blind child in your class, find out if the vision loss occurred after birth. If it did, knowing when the loss took place can give you some clues as to the developmental level of the child. For example, was it after the child learned to walk, to eat independently, to dress? Did the child have experiences common to other children at the same stage of development? If not, lack of experience may account in large measure for any developmental delay that you may observe.

VARIOUS CHILDHOOD EYE CONDITIONS

Some children are easily identified as having eye and visual problems by the appearance of their eyes. Others, including some who have no sight, are not. Children whose eyes look normal usually show abnormal, irregualr eye movements, and have defects in the back of the eyes that cause a decrease in vision. Such defects in the eye can be observed and identified only by an eye doctor.

For a description of various eye conditions that may cause vision problems, refer to the glossary. Specific questions should be directed to a child's eye doctor. He can give you more information about what you can expect from particular children in your program.

COMMONLY ASSOCIATED HANDICAPS

Many children who are visually handicapped have no other disabilities or handicaps. However, an increasing number of children are being recognized to have visual handicaps that accompany other handicaps. These multiple handicaps may have been caused by extreme prematurity, maternal rubella, birth injuries, drugs, or unexplained abnormal development before or after birth. Some of the most frequently seen combinations are: visual defects with hearing loss and heart defects, visual problems with cerebral palsy, and visual defects occurring with diabetes.

The handicaps differ in severity and may be seen in many combinations in different children.

If you have a child in your program with multiple handicaps, you will want to consult a variety of specialists both within and outside of your program. You can also refer to appropriate books in this series.

PROBLEMS IN DIAGNOSIS

CONFUSING HANDICAPS

Undiagnosed visual handicaps can sometimes be confused with other types of handicaps, because certain behaviors may be misinterpreted. Some of these behaviors are mannerisms, unresponsiveness, and slowness in one or more areas of development.

MANNERISMS

Children with severe visual handicaps often display many mannerisms that could be mistaken for signs of other handicaps. These include:

- shifting weight from one foot to another, or stamping the feet
- rocking the body

- turning the head more or less rapidly
- fluttering fingers in front of the face, holding hands in front of the eyes, poking the eyes
- nonstop tapping of self, a toy, or other object
- seemingly inappropriate hand-clapping and tongue-clicking.

All of these self-stimulating mannerisms may be observed in some children with very limited vision. It is thought that such movements provide a child with stimulation that he or she is otherwise deprived of by a lack of vision. (Just think about how much "watching" you do even during quiet times, when there is not much else going on. If your vision were very limited, what would you do during these times?) Children may display some of the described mannerisms during quiet times, or when they are frightened, uncertain of what is happening, or in deep concentration. Often the mannerism is unpleasant to look at, and makes the child seem "different" to other children. If so, offer the child a substitute activity. Teach him or her to maintain an attractive appearance by telling the child how other children may react to his or her eye poking or rocking, and that it just doesn't "look good."

UNRESPONSIVENESS

Children with visual handicaps may sometimes seem to be unresponsive, and to lack curiosity. At times such a child could be mistaken for a child with mental retardation. For example, if you see a child who holds his or her head down, shows little facial expression, and does not seem to respond in certain social situations, you may suspect that he is mentally retarded. If the child has vision problems, however, this "unusual" behavior can be easily explained:

- The child holds his head down because he doesn't need to hold it up to see.
- It may be easier for him to hear with his head bent slightly downward.
- Without the stimulus of good vision, he cannot react to others' facial expressions, or imitate them. As a result, he looks unresponsive.

DEVELOPMENTAL DELAY

A developmental delay may also be confused with mental retardation and lead to inaccurate diagnosis. A child who has a visual handicap may be slower in many aspects of development, making him or her appear mentally retarded. This lag could occur in one or several of the following areas: intellectual, self-help, social, motor, and language and speech. The developmental lag may be greater if the child's parents have not helped him or her to build major skills.

In the area of motor development, for example, learning to walk unassisted in space that is not clearly seen, or not seen at all, is a major accomplishment for children with visual handicaps. Some children learn to walk alone as early as might be expected, but many more may show delayed development. Some may have a shuffling gait, point their toes outward, or take cautious, jerky steps. Others may have an unusually wide stance, or appear to hunch themselves over, with their heads down. Four-year-old Tadao had a developmental motor delay that could easily have been confused with mental retardation.

TADAO

Tadao walked slowly, putting his feet down heavily with a little stamp, as if each step had to be emphasized. His vision was very limited, true, but his movements were so awkward that his teacher, Ms. Jackson, began to suspect that he was mentally retarded. She decided to talk to Tadao's parents.

In talking about Tadao's early developmental history, his parents revealed that they had never allowed Tadao to creep or crawl about on the floor, for fear he might hurt himself. Most days he simply sat in a high chair or rocker. Later, when they encouraged him to stand and support himself, Tadao would draw up his legs and cry to be put back in his chair. He usually cried when any attempt was made to help him stand alone, and, later, to walk. Tadao preferred to sit, and avoided walking as much as he could.

Ms. Jackson encouraged Tadao's parents to expect more from him, and to practice movements with him at home. With practice and encouragement, Tadao developed more self-confidence. Gradually he learned to move about more freely, and to experience the independence that comes with greater mobility. His heavy steps continued, because they were his way of getting auditory cues from his environment; but he became more willing to walk down the preschool corridor, approach doors, and go out to the open playground.

Tadao's vision was extremely limited and his motor development delayed, but he was not mentally retarded.

LIMITATIONS OF TESTS

Any assessment of a child's development must take into account his or her health status, hospitalizations, and attitudes of parents. It should also include information on the home environment, the cultural background of the child, the amount of learning opportunity the child has had, and observations of his or her functioning. Test instruments do not reflect all of the above, and should therefore not be solely relied upon in any evaluation. There are few valid tests that can be used with preschool children who have visual handicaps. This is because most of the tests are designed for use with children who have normal vision.

It is important to realize that low achievement scores on inventories or tests usually only indicate that, to date, a visually handicapped child has lacked opportunities for specific experiences, particularly those related to meaningful language development, and exploring and moving around in the environment. Low scores alone do not indicate mental retardation--nor are they reliable predictors of potential. Scores should be used only to establish the child's current level of development, to indicate the child's strengths and weaknesses, and to point up needs for learning.

RECOGNIZING PROBLEMS FOR REFERRAL

Usually visually handicapped children are diagnosed before they are enrolled in a Head Start program. Occasionally, however, a child with an undiagnosed visual handicap may be enrolled. Diagnosis and evaluation are necessary to understand the needs of such a child, so that appropriate services may be provided.

Somtimes a child may be diagnosed, but not receiving proper treatment. The Head Start teacher may be the first person in the life of a child who can observe and alert other appropriate professionals to the child's need for evaluation and/or special services.

It is the responsibility of a professional diagnostician to determine whether a child is handicapped. Head Start staff should be alert to behavior that may signal vision problems in children, and refer those children to an eye doctor.

GENERAL GUIDELINES

Below are some general guidelines on observation and referral.

LEARN TO OBSERVE CAREFULLY

Your own classroom observations, plus conversations with parents about what they notice about their children, is the best foundation for deciding whether a particular child needs to be referred to a professional diagnostician. As a classroom teacher, you observe children and draw conclusions every day.

For example, four-year-old Virginia was a child in Mr. Garza's class. She seemed very restless, did not pay attention, and did not look directly at him when she first entered the preschool. One day he noticed that Virginia was squinting to see the pictures during story time, so he asked her to move up close. Virginia's attentiveness increased almost immediately. After that, Mr. Garza always made sure that Virginia was seated as close as possible to whatever was happening in the classroom.

This process of carefully observing and drawing conclusions helps you plan activities to meet the individual needs of all the children. Even though you aren't a professional diagnostician, don't underestimate your ability to observe and to spot serious problem areas that may signal a visual handicap in a youngster.

GET PROFESSIONAL HELP

From the child's point of view, referral is better than non-referral. This means that if you think a visual handicap might account for the behavior you have observed, it is best to have the child professionally evaluated. If you find out that the child does not have a handicap, no harm has been done. If, on the other hand, the child is not diagnosed, you may not be able to help him or her, and the child's needs will be overlooked.

SIGNS OF EYE TROUBLE

The checklist below can help you identify children who may have a vision problem. Check any behavior that applies. If a child shows any of these symptoms, there may be eye trouble. You should tell the parents and recommend an eye examination as soon as possible.

STEPS TO TAKE

If a child shows some of the behaviors listed below, you have reason to suspect a vision problem. The following steps should be taken.

THE REFERRAL PROCESS

1. Discuss your observations with parents. Find out if they have observed this behavior at home.

2. Ask your health services director if vision screening services are available within the Head Start program or from outside services. Vision screening is conducted in some communities by para-professional persons or volunteers who have had special training in the use of charts and other test materials suitable to the age of the child.

3. Recommend the child with a suspected problem for vision screening. (See Head Start Performance Standards.)

OBSERVATIONAL CHECKLIST*

Behavior	Yes	No
Rubs eyes excessively.	___	___
Shuts or covers one eye, tilts head, or thrusts head forward.	___	___
Has difficulty in work that requires close use of the eyes (such as putting puzzle parts together, or matching identical shapes).	___	___
Blinks more than usual, or is irritable when doing close work.	___	___
Holds objects close to eyes.	___	___
Is unable to see distant things clearly.	___	___
Squints eyelids together or frowns.	___	___
Appearance		
Has crossed eyes.	___	___
Eyelids are red-rimmed, crusty, or swollen.	___	___
Eyes are inflamed or watery.	___	___
Has recurring styes (small inflamed swellings on the rim of the eyelid).	___	___
Complaints		
Eyes itch, burn, or feel scratchy.	___	___
Cannot see well.	___	___
Has dizziness, headaches, or nausea following close eye work.	___	___
Has blurred or double vision.	___	___

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*Adapted from a checklist developed by the National Society for the Prevention of Blindness.

4. If an eye problem is detected or suspected as a result of vision screening, speak with parents about arranging for an eye examination with an eye doctor so that diagnosis and treatment can be determined. It is important that the examination take place as soon as possible, so that the child can get glasses or other aids that may help in the classroom. The eye examination will help you get a clearer picture of exactly how limited a child's vision is, so that you can plan and conduct activities that are most effective for meeting the child's needs. In cases where the above two steps may take too long, do this step FIRST.

WHILE WAITING FOR A DIAGNOSIS

If there is a waiting period before the diagnostic exam, both you and the parents can use the time to begin helping the child use his other remaining vision in the most productive way. For example:

1. See if seating the child closer to materials will help.

2. If you have any optical aids, especially hand-held magnifiers, see if the child benefits from them. Your local or state special education consultant is a good resource regarding the use of these aids.

3. Try to make the best use of natural sunlight. Make sure that the light in your classroom is sufficient.

4. Encourage the child to use his or her eyes to see as much as he can to move about, to do classroom tasks, and to play with other children.

For additional suggestions, refer to Chapter 4 for guildelines and ways of conducting activities with visually handicapped children.

CHAPTER 3: HOW VISUAL HANDICAPS AFFECT LEARNING IN THREE TO FIVE YEAR OLDS

For the most part, all children have the same basic physical, social, and psychological needs. Their ability to get stimulation and information from the world around them is essential to their development. If vision is impaired, the primary channel for getting this information is significantly limited. As a result, children who are visually handicapped may have some delays in development if they are not exposed to the variety of experiences necessary to learn about the world. Do not assume, however, that the more limited a child's vision, the more delayed his or her development will be in, say, language. Development may not be delayed at all, depending on how successful the child is in learning through the other senses and any remaining vision.

The chart of normal development (see page 00) shows the sequence and kinds of skills children learn in different developmental areas from infancy to age six. By looking at the developmental areas that are most affected by a visual handicap, you can gain a better understanding of a child's functioning, his or her special needs, and what you can do to meet those needs.

This chapter discusses how visually handicapped children function in various areas of development: how they feel about themselves, how they learn, how they move and communicate, what self-help skills they are likely to have, and how they get along with others.

SELF-CONCEPT

A positive self-concept is crucial to a child's development. Many things contribute to how children feel about themselves: being able to do things for themselves, being successful in performing activities, and feeling accepted and loved by those around them. If important people in a child's life treat the child as though he or she is not capable because of the handicap, the child may begin to believe it, and lose interest in trying. Similarly, if you do things for a child because you can do them faster, the child will not become independent.

You can foster a positive self-concept in a child with a vision problem by taking the following steps:

- recognize and provide for the child's special needs
- expect the child to participate in the regular activities of daily program
- be ready to assist the child as necessary
- start by giving the child tasks that he or she already knows how to do
- allow ample practice time for learning or improving skills
- let the child make choices
- expect the child to make progress
- praise the child for efforts and accomplishments
- discuss the child's progress with the parents, so that they can share the child's successes in preschool.

A variety of activities that can help visually handicapped children develop a positive self-concept is discussed in Chapter 4.

MOTOR SKILLS

Motor development depends on a child's ability to explore the environment--to move about to feel and look at things--and on the ability to learn through seeing things that arouse interest (visual stimulation). Children with visual handicaps are deprived of the visual stimuli to reach for a toy, to sit up, to stand and walk in an unknown place. They are also limited in the extent to which they can learn through imitation. This means that they may show developmental delay in activities involving gross or fine motor skills. Gross motor skills involve movement of the large muscles used in moving arms, legs, torso, hands, and feet. Fine motor skills involve movement of the small muscles used to move the fingers.

It is not unusual for these children to be delayed in walking. You may notice that a child walks slowly and cautiously, and will not run with any zest unless accompanied or reassured that the space is open (as in a gym or on the playground). Many gross motor skills, such as skipping and playing with a ball, are learned through visual imitation--watching particular movements and then imitating what you have observed. For example, a child with no handicaps can learn to hop simply by observing other children hopping and then copying their movements. However, a child without good sight may have to be physically shown how to hop by having you shift his or her weight from one foot to the other. He or she will have to learn to depend more heavily than other children on auditory cues such as the sounds of footsteps, the bounce of a ball, and people's voices. They can be helped to learn and to enjoy body movement through such activities as crawling through barrels, climbing on a jungle gym, and rolling on the floor.

Since gross motor skills form the foundation for fine motor skills, these children may also be more clumsy in activities requiring fine motor coordination, such as fitting objects together, placing pegs in holes, and stringing beads. All of these activities will require a great deal of practice.

SELF-HELP SKILLS

Learning self-help skills is a basic step toward independence and a part of development for all children. Children who are visually handicapped should be expected to acquire these skills with little or no delay. Some of these children will need planned experiences designed to teach specific self-help skills. A delay may indicate the need for more of these planned experiences, to teach them the skills other children learn by visual imitation.

Some children may enter the Head Start program with little or no experience in the self-help skills needed for dressing, eating, and toileting. They may need help in learning these skills. Some of these children may be clumsy in self-help tasks requiring fine motor coordination, such as pouring from a pitcher or buttoning their jackets. If a child has had a lack of experince, his or her hands may seem weak from not using them for fine motor tasks. In addition, if most self-help tasks have been done for a child, he or she may expect you to continue doing them. You will have to encourage the child to learn to do these things independently. Suggestions for how to help children with problems like these are provided in Chapter 4.

INTELLECTUAL SKILLS

All children learn by exploring, and exploring involves using all of the senses to take in information. One of our most crucial senses for taking in information is vision. Children whose vision is impaired have to rely a great deal upon their other senses of hearing, touch, smell, and taste to experience the world. You may notice that a child with limited vision seems to put nearly everything to his or her mouth. Although the gesture may seem babyish, it should not be discouraged, because it is a legitimate method of exploring objects.

Unless children have concrete experiences to connect with words, they may not understand the words. Children with visual handicaps use their other senses (hearing, touch, smell, and taste) to take in concrete experiences. This means, for example, that if you wish to describe a grapefruit to a visually handicapped child, a verbal description is not enough. The child needs to feel its shape and size, smell it, and taste it. Unless you expose the child to a variety of sensory experiences, he or she will not learn about objects or know what questions to ask. And unless you describe other uses of the fruit (for example, fresh, frozen, and canned grapefruit juice), the child will have no way of knowing about them. As a child gets more information, he or she will probably ask further questions and thereby learn more.

For all children, concept development also depends heavily upon concrete experiences. Visually handicapped children need more concrete experiences for concept development than do other children. As these children handle toys and other objects, they become aware of differences in shape, texture, weight, taste, and temperature. By discussing the characteristics and uses of objects with children, you can help them learn to recognize and classify those objects. They will learn, for example, that many things are round--circles, apples, and balls--and that they can move in circles in many games. Without help from you and other adults, however, they may develop incorrect concepts. One small boy thought that a lawnmower was similar to a vacuum cleaner, because both are noisy and both are pushed. Obviously, no one had explained to him the functions of each of these objects.

LANGUAGE AND SPEECH SKILLS

Children with visual handicaps depend a great deal upon their hearing to receive information from their environment, especially verbal information. This usually results in a keen awareness of sound, which works to their advantage in developing speech and language skills. You may notice that a visually handicapped child does particularly well in this area, being highly verbal and imitative, with an excellent memory. However, the ability to use words does not necessarily indicate an understanding of them. All children love repetition, and will repeat words for the sheer enjoyment of hearing the sounds. If a child continually uses words and phrases out of context, you will know that he or she needs help in understanding their meaning.

Teddy frequently repeated "You're out!" which he heard on the radio or television during baseball games. It was apparent that he had little understanding of the phrase, for he would repeat it whenever he heard the other children clap and cheer, such as after they say a film. When his teacher explained what the words meant and how they should be used, Teddy began to use them correctly.

Children with little or no vision may not communication via facial expressions or gestures, which are learned through visual imitation. This means that you should be on the lookout for other non-verbal expression in these children; they can tell you a lot about themselves by the way they act. Use your observational skills to learn a child's physical forms of expression. One child may show restlessness by constantly moving around, another by lapsing into mannerisms. Frustration may cause one child to withdraw, and another to become highly irritable. Recognizing the many ways children tell you about themselves is an important part of understanding their needs.

SOCIAL SKILLS

The people who surround visually handicapped preschoolers help "bring the world" to them. They can make the world more interesting by continually adding to the children's experience. Like many other children, visually handicapped children often prefer people to toys or play. They are curious about people, and will probably ask all kind of questions. Children with very low vision may also want to touch people to learn more about them. They are usually able to involve adults in conversation with little effort.

The relationships a child develops with other children depend in large part upon the attitude of important people in the child's life (such as parents and teachers) toward the child. If you treat the child like a member of the group, the other children will probably treat him or her like one. Other children can sense your feelings about a visually handicapped child from the tone of your voice (Are you cautious and protective, or warm and accepting?) as well as from any special treatment you give the child (Do you expect the child to clean up after messy activities, along with the other children?).

Children may as you why a child with a visual handicap behaves in certain ways. You can explain that it is because he or she cannot see as well as they do. Any questions the children may ask can easily lead into a discussion of individual differences and characteristics: "Some children have curly hair, others have straight; some are tall, others are short; some have dark skins, others light; some can see well, some cannot."

It may be difficult for children who have severe vision loss to enter into group play. For example, they cannot follow a rolling ball if it goes beyond their sight, or get the wagon that is "over there." Usually a child wants to become a part of the play of others, but does not know how. Encouragement and help from you or another child can enable the child to overcome this hurdle.

Sarah was a lively one in the four-year-old group. She was aggressive, always telling the other children what to do. Her teacher described her as a "handful."

Then Ellen entered the class. The teacher explained that Ellen could not see as well as other people see. Sarah noticed that instead of joining in games or talking with the other children, Ellen stood near the group and watched them play. After several days, Sarah wanted to help her join in play, and asked if she could be Ellen's partner. This was the beginning of their friendship.

Sarah began be taking Ellen's hand and going around to the different play areas. She described each of the activities to Ellen. When she mentioned the water table, Ellen's face lit up, so Sarah stopped to let Ellen watch and listen to the other children moving all kinds of toys in the water. Ellen soon decided to join in, and Sarah did too. Every few days, with Sarah by her side, Ellen looked forward to trying a different activity.

The teacher's report at the end of the year stated that Ellen had gradually learned to play with the other children. She also wrote, "After Ellen joined the class, I noticed that the other children played together better. They were more cooperative and willing to share. Sarah in particular has learned to play more appropriately. I believe this is a result of her friendship with Ellen."

CHAPTER 4: MAINSTREAMING CHILDREN WITH VISUAL HANDICAPS

Early group experiences are important to children's total development. There are many things that children can learn from each other. For more than 25 years, preschool children with varying degrees of visual loss have been participating in regular preschool programs with other children. When these children continued on to other educational programs, there was much evidence of the benefits they had gained from their early mainstreaming experiences. They had learned to participate in and master activities that other children were doing, to make and be friends, and to recognize their strengths and abilities in comparison with others'. Furthermore, the children and adults with whom they had come into contact had developed a better understanding of the many ways in which individuals are different.

Project Head Start stresses that all handicapped children, regardless of the severity of their handicap, should be considered for enrollment in Head Start if the particular program can meet their needs adequately. Both the resources within your program, including available staff, and the resources in your community determine what you are able to offer children. This means that you, the total Head Start staff, and the most appropriate specialist should decide together with the parents of a seriously handicapped child whether that child should participate in the program.

Some visually handicapped children may have additional handicaps, such as hearing loss or a crippling condition. Although these children may not be ready for Head Start experiences, all should go through a trial period to assess their true readiness. For those who are not ready, a special nursery school program might offer a more appropriately structured, individualized program that meets their needs. Placements must be made on an individual basis, for the accompanying handicaps range in severity and type, and the needs of the children vary widely.

Like other children, visually handicapped youngsters need varying amounts of guidance, changes and modifications, and assistance. Most are happy, well-adjusted, and ready to learn to be independent. While their approaches to learning may differ from non-handicapped children's, the modifications suggested in Chapter 4 can enhance the program for all of the children in your class.

This chapter provides suggestions on how to mainstream visually handicapped children in your program. This includes information on developing an individualized educational plan, making the best use of the classroom facilities, managing children, using specific teaching techniques, and conducting activities.

PLANNING

The planning process for the child with a visual handicap has the same purpose as for other children: to help you map out a course of action for working with the child. This process calls for the involvement of several people: the teacher, the parent or parents, Head Start staff representing the various service components, and service providers from outside agencies.

The goal of the planning process is to produce an Individualized Educational Program (I.E.P.) for the child, which is now required by Public Law 94-142, Education for All Handicapped Children Act, and required by Head Start Performance Standards. Based on a professional diagnosis of the child's handicapping condition, the Individualized Educational Program spells out classroom activities, parental involvement in the development of the program, and special services to be provided for the child.

For each handicapped child Project Head Start requires the following elements in the planning process:

1. An interdisciplinary team is required to make two kinds of diagnoses: a categorical diagnosis and a functional diagnosis. A categorical diagnosis is simply a statement of the kind and severity of the child's handicap. This kind of diagnosis is useful to you only for reporting or record keeping purposes. The team also should develop a functional diagnosis, or assessment, which is useful to you in your classroom planning and teaching. It is a developmental profile that describes how the child is functioning, and that identifies the services the child requires to meet his or her special needs.

2. Based on the functional assessment, an individualized educational plan is to be developed for the child. This plan describes the child's participation in the full range of Head Start services, and the additional outside services that will be provided to respond to the child's handicap.

3. Periodically, ongoing assessments of the child's progress are to be made by the Head Start teacher, the child's parents, and (if needed) by the full diagnostic team. If these re-evaluations show that the child's individualized educational plan or the services he or she is getting are no longer appropriate or needed, they should be changed or adjusted.

4. When the child leaves the program, Head Start should make arrangements for the continuity of needed services in elementary school. This can be done in a variety of ways, but usually involves holding a conference with parents, the school, and service providers. The elementary school should be given a description of the services the child has been receiving, recommendations for future services, and the child's records from Head Start.

As the child's teacher, you are involved in many of these procedures. Your part in the process is described in more detail in the following six steps. These steps are just as useful with non-handicapped children and other handicapped children as they are with retarded children.

Step 1: Observe each child in a variety of activities, and record your observations.

Step 2: Set objectives based on what you have observed as reasonable for the child to achieve.

Step 3: Select classroom activities and teaching techniques that can best help each child reach the objectives. Seek outside assistance as needed.

Step 4: Develop the plans with the child's parents and specialists.

Step 5: On a continuing basis, observe, evaluate the child's progress, and develop new objectives.

Step 6: When the child is ready to leave Head Start, make plans to ensure that there is continuity of needed services with the public school.

Each of these steps in the planning process for handicapped children is discussed in greater detail below.

STEP 1: OBSERVE

The process and purpose of observing is the same for all children.

The purpose of observing what a child can and can't do is to identify the child's developmental level--the level at which the child is actually functioning. This can tell you much about the sort of behavior and skills you can expect from the child. Progress is made by building on the child's strengths and working on areas that are weak. If the child doesn't do as well as expected, you should take careful notes. Another name for this process is assessment, or evaluation. Evaluation is particularly necessary and useful to the planning process because it makes us aware of the basis for what we do in the classroom.

HOW TO OBSERVE

Observation is a technique of focused looking and listening to what people say and do. Using observation as a tool for learning about children involves being systematic, watching for patterns, and using the information.

Be Systematic

There are some general tips that can help you be systematic as you observe.

1. Note Details

It is very important to write down specific, detailed observations that focus exactly on what the child does. For example, if you write down, "Felicia always seems to be frowning in class," this might mean that Felicia is simply unhappy. However, consider this version: "Felicia frowns when I am teaching at the blackboard, when she is seated at the back of the group during storytime, and when she is playing catch on the playground." These notes point clearly to a problem in Felicia's distance vision, and indicate the need for an eye test. Information that is specific is more apt to be useful.

2. Write Down the Details as Soon as Possible

Write down what you see as soon as possible, since it's easy to forget quickly the details of a child's behavior in a particular circumstance. Details are important: they describe a child's individuality. They are also the best indicators of a child's problem. When you make notes, try not to be obvious about it. Write them down away from the child.

3. Plan a Realistic Schedule

Your observations should be scheduled, just as your activities are. Observe and make notes as often as necessary to get a full picture of what the child can and cannot do in the skill area you are focusing on.

4. Vary the Settings You Observe In

Children can behave differently in different activities and moods, so it's important to observe a child in a variety of situations. Observe the child on the playground and in the classroom. Observe the child as he or she plays alone, with other children, and with you. Observe the child when he or she is feeling happy, sad, tired, rested, friendly, and angry, because these feelings can affect the child's behavior.

5. Vary Your Observer Role

You might also try to vary your role as an observer. You can act as a spectator-observer, watching but not participating. For example, you can observe from one side of the room while someone else works with a child. Or you can be a participant-observer, taking part in the activity with the child. It is usually easier to observe as a spectator, so you might try this method first. Again, be careful not to call attention to yourself as you observe. Otherwise the child might not act naturally.

6. Start by Observing One Child at a Time

As you become more experienced in observing, you will probably find that you can observe more than one child at a time. It's best not to try to do this, however, until you are pretty sure you won't get confused, or miss or forget important information.

Watch for Patterns

Watching for patterns is an important part of observation. You may notice that a child sometimes forgets words, stumbles, and knocks things over. All preschool children do these things from time to time. What you want to know is whether the child often or always does these things. Carry a piece of paper and a pencil around with you and keep track for a few days. Be sure you are objective (factual) about your observations--try to keep your own feelings and reactions separate. In this way, you will be able to see the patterns that point to the particular skills with which the child needs help.

During activities that call for talking, such as during free play or story time, observe how the child speaks and the ways in which the child talks with adults and other children. Watch for patterns to appear. Does the child use speech you would expect to find in a much younger or older child? Does the child seek out other children, or does the child seem hesitant in approaching others?

In movement games, watch how the child uses his or her body, arms, legs, and hands. Note patterns of clumsiness: does the child stumble, fall, or trip? Is the child's balance poor? Does the child tire easily? Does the child know when to pause and rest? Is the child hesitant about trying new activities?

When playing with table activities such as blocks or puzzles, other problem patterns may emerge. Does the child knock things over when reaching for them? Can the child grasp and hold small objects such as pencils or crayons? Can the child cut with scissors? Can the child match and sort out pictures, objects, shapes? Are such activities too difficult? Are they unfamiliar to the child?

In quiet activities, does the child listen and watch, or does he or she engage in self-stimulating mannerisms, such as flipping fingers in front of eyes, rocking, or poking the eyes?

Watching for patterns is very important, but they are sometimes hard to see. Going back over all the notes you have made can help you to discover patterns you didn't see before. You should review your notes on a regular basis. The information in them can help you identify new skill areas and behavior you might want to find out more about, either by observing or by other assessment methods.

Use the Information

Once you have observed a child systematically, written down your observations, and reviewed your notes, you should be able to identify areas of strength and weakness in the child's skills. This information can be used to develop objectives for the child, and to select activities and teaching techniques that meet the child's needs. This information also becomes a basis of discussion with other teachers and staff, parents, and the specialists.

STEP 2: SET OBJECTIVES

An important part of the planning process is developing individual objectives that will lead to the maximum development of each child. The objectives need to be realistic in terms of the purpose of Head Start and the program's funding, and staff and time resources. Most important, the objectives should be developmental objectives. In other words, they should be designed to help the child progress to his or her next developmental level.

Here are some guidelines for setting objectives.

Be Specific

When you have gotten together your observations, you will find some areas of strength and of weakness. This information is not particularly useful until it is translated into what the child needs. State objectives in terms of skills and behaviors that need to be learned and that you can observe or test. Set a target date for the achievement of each objective. For example, if Miyeko has difficulty moving about the classroom independently, your objective for her is to learn to get to specific areas by herself. To make this objective more specific and easier to observe, state it as follows: "In two weeks, Miyeko will walk over to the snack table independently."

Develop Both Long- and Short-Term Objectives

If Anton has difficulty with self-help skills, such as pouring from a pitcher or carton, the long-term objective for him might be: "Anton will learn self-help skills." Short-term objectives that will help Anton meet the long-term one are: "By week one, Anton will pour the juice from the carton into the big pitcher with assistance. By week two, Anton will pour the juice from the carton into the pitcher without assistance. By week four, Anton will pour the juice from the pitcher into his own glass without spilling."

Develop New Objectives As Needed

Objectives will have to be changed if your observations show that there is a need for it. If Anton surprises you and learns to pour into his own glass in only three weeks instead of four, or if it takes him more than four weeks, you will want to develop new objectives to fit Anton's abilities and needs.

STEP 3: SELECT THE PROGRAM, ACTIVITIES, AND TECHNIQUES

If your Head Start program has several program options, you need to consider which one can best meet the objectives you have set for each child. For most visually handicapped children, a full-day center-based program is probably best. For a few children, a half-day program might be best. It is a good idea, however, to start off by expecting the child to participate in all standard Head Start activities along with the non-handicapped children. The child's program can then be revised, if and when it becomes necessary.

To make it possible for visually handicapped children to participate in all your usual classroom activities, think about ways to adapt them, and prepare them differently. You can use a variety of teaching techniques to make sure the child gets what he or she needs. For examples, look at the "Classroom Activities" in this chapter.

In your teaching, try to select challenging materials that will stimulate children's curiosity. Offer materials that need active fingers and hands, and that allow a variety of uses. Since learning takes place through all the senses, include materials that a child can hear, feel, move, smell, and taste.

STEP 4: DEVELOP PLANS WITH PARENTS AND SPECIALISTS

PARENTS

Sometimes it is hard for parents to recognize changes in their child from day to day. In the classroom you have the opportunity to see a child for long stretches of time, to observe the child performing a wide variety of activities, and to compare each child with many other children. For these reasons, you can observe a child's daily progress and set realistic objectives based on your observations. On the other hand, parents know a great deal about their child that no one else can learn simply by being the child's teacher. Moreover, for education to be effective, parent and teacher goals for the child need to be consistent so that both are working, in their different roles, toward the same end. Develop your plans with parents. Share with parents the progress their child is making in your classroom and ask them to share with you the child's accomplishments at home. As you work together with parents, you might invite them to observe the program and to assist in class activities.

SPECIALISTS

Specialists typically see a child for short periods of time doing a limited number of tasks, and interacting only with themselves and the parents. Sharing your observations with specialists can provide them with valuable information on the child's activity in a more normal setting. In turn, the specialists can help you understand what limits the handicap imposes on the child's activities, and may be able to help you develop objectives that are based on the child's needs and abilities.

STEP 5: CONTINUE TO OBSERVE, REASSESS, AND MAKE ADJUSTMENTS

While a formal assessment of each child's development and progress may occur only once a year, you should aim for more informal evaluations much more often. (Remember how quickly children change at this age, especially in a stimulating Head Start classroom!) As you observe every day and record a visually handicapped child's responses in major skill areas, your understanding of that child and the effects of the handicap will grow. Keep in mind the objectives toward which the child is moving, and how much progress has been made.

Refer often to your past observations, and look for patterns in skill areas. If, for example, there is a pattern of poor gross motor coordination, consider whether you have seen some improvement in this area. Try to figure out which activities the child has enjoyed most and which ones seem to have caused the most improvement. Try to include more of these kinds of activities in the future.

Adjustments in teaching practices will happen naturally as you go through this learning process with the child. But it is important to be alert to major changes in the child's development, so that you can make substantial changes in activities and teaching techniques as needed.

STEP 6: CONTINUITY BETWEEN HEAD START AND THE PUBLIC SCHOOLS

As a result of the new Education for All Handicapped Children Act, public schools will increasingly be providing the benefits of mainstream classrooms and special services to handicapped children. After being in a mainstream Head Start classroom and receiving special services, children with visual handicaps will need to have these advantages continue. There are several things a handicap or social service coordinator and you can do to contribute to the continuity of the education that a child with visual handicaps in your program has been receiving.

- Some Head Start programs have developed formal relationships with the public schools in their areas, to assist in the transition between preschool and elementary school. If your program has no formal relationships with the public schools, you might explore the possiblity of establishing them. Your program director or handicap coordinator will know where to go for suggestions on how to achieve this.

- Developmental continuity is made easier if community providers of special services to Head Start children continue to provide them to children as needed when they go on to public school. Before a child leaves Head Start, you can discuss the child's future plans with the specialists who have been working with him or her.

- Parent participation in the services their child has been getting in Head Start is a valuable foundation to build on. Encourage parents to continue their involvement and to make sure that their child receives needed services in elementary school.

- Finally, you can keep in touch with the child and his or her family after the child leaves your classroom. A telephone call or a visit to find out how things are going will be appreciated by the parents. If the child is having problems, your suggestions on how to deal with them would be welcome.

THE PHYSICAL SETTING AND CLASSROOM FACILITIES

No two Head Start programs have the same facilities. Few of them have ideal physical settings. While modern buildings, comfortable furniture, and expensive materials often seem important (and certainly may be more pleasant), they are rarely required to provide a stimulating learning environment. It is the people--the children and the staff--that really make any preschool program.

Most visually handicapped children can adapt to the physical environment they find in the Head Start program. Usually no special changes in the physical environment, or additions of equipment, are needed for children with vision problems. If these children have other handicaps, however, some modifications may be necessary.

There are times when visually handicapped children need special help in dealing with the physical setting of the classroom. Such help should be given freely. In general, organize your classroom so that a child can explore the space and use the materials with as little assistance as possible.

For instance, if an activity requires children to choose and arrange their own materials, make sure that these materials are within easy reach and that they are appropriately marked for the visually handicapped child. This may mean putting tactual (textured) markings on certain objects (for example, a piece of corduroy on a chair) to help the child with very limited vision identify them. Planning around each child's needs helps him or her to become self-sufficient, and allows you to use your teaching time most profitably.

Most Head Start classrooms provide good fluorescent lighting and glare-free natural light, both of which are needed by visually handicapped children. Whenever possible, though, use natural sunlight. You should have shades or blinds, so that you can control the amount of light entering the room. Sometimes a visually handicapped child may need to use an additional portable reading lamp to increase the light available for close work, such as shape discrimination in reading readiness. On the other hand, some visually handicapped children have eyes that are sensitive to bright light (e.g., a child with albinism, a condition in which the eyes, skin, and hair lack pigment) and may need to have the light reduced in a room area, in order to make the best use of their vision. Such individualized adjustments may be made after you learn more about an individual child's remaining vision and how he or she can see best.

The most helpful first step you can take when a visually handicapped child enters the program is to orient the child thoroughly and systematically to the physical surroundings. You may need to do this more than once. Children who are blind or who have low visual functioning may take your hand or another child's hand during orientation. It helps them to walk about a half step behind you, so that they will be able to tell what your next movement will be (such as when you go up or down stairs, or turn a corner). During this time, children need to be "introduced" to any obstacles. Give them time to touch objects such as furniture, doorways, stairs, equipment, and toys. Explain to them the relationship of each touched object to its location. Through lack of experience, some visually handicapped children may be unfamiliar with quite ordinary objects. Try to be consistent in naming similar objects. Either use the same word when describing an object (for example, "rug" rather than "carpet," "mat," etc.), or explain that these different words refer to the same object.

As you take the tour with children, encourage them to ask questions and to chat with you about what they observe. Mention any clues that they might use to find different areas of the room, or specific objects, on their own. For example, point out the sound of running water or the draft from an open door.

Although you should arrange your room so that children can explore the space and manipulate the materials with as little assistance as possible, try not to make too many changes. Visually handicapped children need to adjust to regular classroom environments. Gradually, with guided training and practice, visually handicapped children will be able to move independently using memory and auditory and tactual clues.

The following suggestions may help you organize your classroom to benefit all children, including those with visual handicaps.

CLEAR TRAFFIC PATTERNS

Make sure that your room is free from obstructions. The aisles or walkways should be kept clear, and any equipment or furniture that could easily be upset or damaged should be moved out of the line of traffic. Later, if furniture and equipment are rearranged, you should remember to reorient a child with limited vision.

Like all young children, visually handicapped children need supervision to insure their safety. Teach them to watch out for furniture or equipment that protrudes at head and face height. Remind everyone in the class, children and adults, to keep doors all the way open or completely shut, to push chairs under tables when not in use, and to put wastebaskets under desks or in corners. If you have glass objects in the classroom, they may be difficult for children with low vision to see. If you must use them, paste on a decal or picture at children's eye level. Outdoors, children with little or no vision should learn the locations of hazards (such as swings and teeter boards) and blind children should be trained to listen for them when they are in use.

Keeping traffic patterns clear from the beginning may foster easier movement in visually handicapped children, and may even help them feel secure enough to run about indoors and out. Some bruises and bumps are to be expected when young children move and play independently. Indeed, children without such "badges" are probably overprotected! But taking some sensible precautions can reduce needless bumps to heads and shins, and result in more orderly habits in all of the children.

START SIMPLE

Keep your room arrangement as simple and uncluttered as possible, especially at the beginning of the year. As the children get used to it and learn to handle a more complex environment, you can gradually increase the amount of materials and number of activity areas. The use of well-defined and consistent space patterns will avoid confusion and help the children become familiar with the classroom organization. The space in which each activity occurs should be clearly marked.

For example, you might want to put masking tape on the floor to indicate the big block area, or the housekeeping corner. In general, the more tactual or auditory the space cue, the easier it will be for the children to understand. Consider changing floor coverings, so that a blind child can recognize the storytime area by the carpet on the floor, and the cooking area by the linoleum. Hang wind chimes near a source of air movement (such as a doorway). Mark storage areas clearly. Make sure children know where they are and what belongs in them, and can get at them easily. Be consistent about where materials are kept and where activities take place.

DISPLAY THINGS AT TOUCH AND EYE LEVEL

Two or three dimensional placques, tactual wall hangings, or other objects meant to be touched should be hung at the "touch level" of children--that is, within easy reach. For children with remaining vision, placing pictures, charts, and even the clock at eye level encourages and facilitates the use of their vision.

PERSONAL PLACES

Everyone needs to get away from it all once in a while. There should be a quiet place available where children can go on their own. Some classrooms have cubbies where children keep their personal belongings. These are sometimes large enough to be used as nice "escape hatches." You can even rig up a curtain that can be drawn across the cubby, if the child would like this. Try to arrange your book area so that it is soft and comfortable, and has private nooks and crannies.

PROVIDING SUITABLE MATERIALS

The learning needs of visually handicapped children are the same as those of non-handicapped children. If desired, you can make arrangements with the nearest Library of Congress Regional Library for the Blind and Physically Handicapped to secure, on long-term loan, a "Talking Book" record player and a cassette tape player. Tapes and long-playing records may then be borrowed for use with the equipment, which will enrich your total program.

In selecting materials, follow this primary guideline: if a child cannot see materials well enough to learn the intended concepts or skills, provide substitute tactual or auditory materials to teach these things. Substitute materials could be inexpensive tactual materials made by an adult, such as cutouts of geometric shapes.

Some things in the environment may be unpleasant to touch. Such things as jello, paste, clay, finger paint, and fuzzy animals don't necessarily feel as good as they look (especially if you have no idea what to do with them!). If a visually handicapped child does not like these materials, do not be discouraged. With patience and careful planning, these children will learn how to manipulate, use, and enjoy them.

GENERAL TEACHING GUIDELINES

There are many good ways to teach. You have your own individual style, which is reflected in the activities you choose and the ways in which you interact with the children. Good teaching techniques are often the same for the education of any child, whether handicapped or non-handicapped. Some general teaching principles that you are probably already using with non-handicapped children are restated in this section, to emphasize their usefulness in mainstreaming children who have visual handicaps.

1. UNDERSTAND YOUR FEELINGS AND KEEP TRYING

You may be nervous and worried about working with a handicapped boy or girl for the first time. This is a typical reaction when you don't know a child very well yet (if at all). As a result we sometimes think of, for example, a "BLIND child" or a "SPEECH IMPAIRED child." As you spend time with the child, watch the child, play with the child, and hug the child, you'll find that you'll be thinking of a "CHILD with blindness" and after a while about a "CHILD," plain and simple.

Once you begin to work with the child, all your first efforts may not be successful. This is to be expected. You may feel frustrated and/or guilty. If something goes wrong (as things do from time to time), figure out what happened, and keep it in mind for next time.

Don't expect miracles. No one is asking you to cure a child, or to make him or her the bast ball-thrower in the class, or the best bead-stringer, or balance-beam-walker. Sometimes, even with the very best help from you, other staff members, and specialists, a child just doesn't make as much progress as hoped. What you can do is help the child to make the best possible compensations for the handicap, and to take advantage of the skills and talents he or she already has.

2. CLASSROOM PERSONNEL

Aides and volunteers play a key role in all Head Start programs, and their assistance should be included in classroom planning for children with special needs.

AIDES

Your aide or assistant helps you teach activities and work with children individually. This help is especially valuable if you have a visually handicapped child in your class who needs special attention and assistance. Aides should be included in developing educational objectives for the child and in ongoing planning. Both you and the aide should agree on what the aide should do, and *why*, to help the child learn and play with other children.

It is not a good idea to have the child work constantly with only one adult. This isolates the child from other children, defeating the purpose of mainstreaming. Some children, however, will need the security of an attachment to only one adult in the classroom before they are able to work with several adults. For that child, you may want to assign an aide to work with that child for awhile.

On the other hand, other problems can be created when a child has too many caregivers who come and go. This makes it hard for the child to form emotional attachments. Children learn better with the reassuring presence of a few people they know and care about.

Care for the child should therefore be shared among several adults and individual attention should be limited to what the child needs so that he or she is not separated from the group too often.

VOLUNTEERS

Volunteers can be helpful in working with handicapped children even though their work hours are probably shorter and less predictable than those of aides. They, too, need explanations and directions from you about what they are requested to do.

Parents make good volunteers. High school and college students are also ideal volunteers. Young people who are learning about children in school are often interested in working with them. Another source of volunteers could be senior citizen clubs or apartment complexes for the elderly. Many elderly people, especially those whose grandchildren don't live nearby, would be pleased to help with young children--and they certainly are experienced! Another excellent source of volunteers are organizations and agencies in your community that work with handicapped children (such as Easter Seal, United Cerebral Palsy Associations, children's hospitals, rehabilation centers).

See to it that everyone who works with a handicapped child in your class gets along well with him or her. Everyone works better when they enjoy what they are doing.

3. SETTING LIMITS

Some limits must be put on children to protect their physical safety. Safety limits are usually clear-cut: for example, "We walk in the classroom" and "Push chairs under tables when you get up." State safety limits simply and frequently, and demonstrate them when necessary. Enforce them consistently, so that children will learn that they must be followed.

Children also need limits to help them control their behavior. Unlike safety limits, behavioral limits require you to make some judgments about what is appropriate and what is not. Each of us has a range of child behavior that we accept or can tolerate in our classrooms. (Some teachers don't mind a lot of noise or a messy paint area, while others can't stand this.)

Whatever behavioral limits you set, be consistent in enforcing them with all of the children--visually handicapped children should follow the same rules. If the limits keep changing, the children will never know what you expect, and will not learn what you are trying to teach. Praise children for their efforts, and try to ignore borderline but tolerable behavior. Let the children know that you accept and respect them, whatever the quality of their performance. As a result, the children will not feel personally threatened by failure. They will approach learning without fear.

Before setting a behavioral limit, look carefully at the behavior you are concerned with, and ask yourself the following questions.

HOW DOES IT AFFECT THE OTHER CHILDREN?

Does the behavior disrupt the learning of the other children? If the behavior does not disturb the other children, then perhaps it should be something you may want to learn to live with.

For example, a child with limited vision may get his or her head in the way of other children, while trying to see something. You and the other children should learn to tolerate this behavior, because the child is trying to use his or her vision to best advantage. In fact, you should seat a child with low vision up close, and encourage him or her to use his eyes.

CAN THE CHILD HELP IT?

Does the child have control over the behavior? Concentrating on the child's needs rather than on the behavior may help. For example, if a child always seems to spill her drink at snack, you might teach her to fill her glass only halfway, so that it's less easy to spill. She can figure out how full the glass is by feeling inside the rim with one finger.

IS A CHANGE JUSTIFIED?

Do you have a good reason for wanting to change the child's behavior? What is your educational reason for wanting to alter the behavior? In other words, make sure the behavior change is good for the child, not just more convenient.

For example, a visually handicapped child may call out other children's names and ask lots of questions to find out what other children are doing. This may be annoying to you and at times inconvenient, but trying to change this behavior would not be good for the child.

CAN YOU THINK OF SUBSTITUTE BEHAVIOR?

What behavior do you want a child to substitute for the unacceptable behavior? One good way to help children change undesirable behavior is to teach them a good substitute.

For example, if you are trying to stop a child from rocking during storytelling, you might seat him or her on a chair rather than on the floor. Give him or her an object to hold that is related to the story. If this doesn't stop the rocking behavior, you could seat him or her in your lap to help you turn the pages of the book.

4. PACING

Plan your day so that the activities are varied. Alternate between active and quiet activities, between organized activities and free play. When you teach new skills, present them first in familiar contexts, along with some skills the child already has. This lessens the child's uncertainty and frustration.

Finally, remember that a visually handicapped child may need more than one turn to learn to do something involving fine or gross motor skills. Providing time for that extra turn or two can mean the difference between success and failure.

5. GROUPING

At home children with special needs are sometimes isolated from other children. One of the benefits of mainstreaming is that it offers these children the opportunity to play with other children and to learn new skills from them. You can plan and organize your learning situations so that this interaction, called "peer modeling," can occur. In areas where a handicapped child is weak, another child (a peer) who has the skill can act as a model. Likewise, in areas where a visually handicapped child excels, she or he might be paired with a less skilled child.

Remember that no child, handicapped or non-handicapped, is good at everything or bad at everything. All children should have the opportunity to give help to their classmates and receive help from them.

Try very hard not to exclude a child with special needs from any activity, especially large-group activities. Exclusion means isolation, and isolation means feeling different and bad. To include the child, give extra assistance or change the expectations for the child. For example, before a bunny hop activity, have the visually handicapped child go through the movements with you or another child so that he or she will be prepared when you explain it to the other children. In this way, the child is a full participant in the activity.

Individualized teaching does not mean isolating a child. Rather, it involves modifying the activity so that all children can participate in the same learning situation.

6. CHILDREN HELPING CHILDREN

We have already mentioned the benefit of using children as models for each other. This principle applies directly to using non-handicapped children to assist you in mainstreaming children with special needs and your youngsters will probably be eager to serve as helpers. This experience has a bonus: it helps them to develop positive attitudes about handicapped people. In addition, their assistance will free some of your time for other responsibilities. Ways in which non-handicapped children can help in mainstreaming a handicapped child include:

- introducing a new child to the physical setting of the classroom

- helping a child with low vision to organize his or her materials for a cutting and pasting activity

- providing a child with opportunities to practice a newly learned skill (such as climbing the jungle gym)

- assisting a child during playground games (finding a lost ball, for example)

- alerting a child to obstacles in his or her path.

When a visually handicapped child joins the classroom, the other children will probably be curious about him or her, and may ask some questions. They may notice that the child:

- uses his or her eyesight little, or not at all

- touches objects and people continually

- sniffs objects, or touches them with the tongue

- holds his or her hands out in front when moving

- bumps into things, and trips or falls easily.

If children wonder aloud at such behavior, give a simple explanation of the effects of the visual handicap, and of how children can help.

> Lou doesn't see those blocks with his eyes, like you do. We can help him learn to use his hands to find them.

Usually non-handicapped children notice and respond naturally to the areas in which visually handicapped children need assistance, doing whatever is necessary to play together. You can help by suggesting to the children that they:

- talk more when playing with visually handicapped children
- call visually handicapped children by name when they want their attention
- tell or show visually handicapped children how to do things they have trouble with
- name objects as they pass them to visually handicapped children
- use words such as blind, look, and see naturally (just as visually handicapped children do).

Peer helpers should be used often, and this includes using a handicapped child in areas where he or she excels. In this way, all the children will learn that they each have areas of strength and weakness. They will also learn that the need to receive help does not mean that they are failures, or less worthy than those who offer help.

7. BREAKING DOWN SKILLS

Every skill is really composed of many sub-skills--there is no such thing as a one-step activity. Skills such as buttoning a shirt, completing a simple puzzle, or bouncing a ball consist of many sub-skills.

Some children can master a new skill very quickly, with little help from you. These are children who already know the sub-skills and can use them in performing the new skill. Handicapped children, however, don't have some of the sub-skills necessary, and need to be taught them before they can succeed at the overall activity.

For these children, you can break down the activity into sub-skills that can be learned at their current skill level. For example, if you want to teach a child to copy a cross, check to see if he or she can copy a horizontal or vertical line. Copying horizontal and vertical lines is a sub-skill, and must be mastered first.

8. SEQUENCING ACTIVITIES

In addition to sequencing skills within an activity, sequence a series of activities. Start with simple activities and gradually increase the level of difficulty as a child learns. Be sure to demonstrate to a child how the skills learned in one activity can be used in others. If you want to teach a child to copy a line, you might begin by having the child feel a raised line made of spaghetti or yarn. Next you might provide a stencil of a line, so that the child can practice the movement involved. Finally, after feeling the "tactual model" (spaghetti or yarn) again, ask the child to try making a line on his or her own.

9. PHYSICAL CONTACT AND GUIDANCE

Use physical contact to help a child with special needs, to ensure safety, to provide guidance, and to limit space. Feel free to express your affectionate feelings with a pat or a hug. Guard against using physical contact to punish a child. If you are holding a child who is out of control, try not to show any anger. For example, while holding a child say, "I will not let you hurt yourself or anyone else. When you quiet down and stop throwing blocks, I won't have to hold you." This kind of guidance is meant to protect the child from hurting himself or others.

Physical contact is especially important for a visually handicapped child, who often learns best by being "moved through" an activity until he or she can do it alone. For example, it is sometimes helpful to demonstrate how to do a task by moving through it with your hands over the child's hands.

Physical contact is also an excellent alternative to modes of communication normally used with non-handicapped children (gestures, facial expressions, etc.). Patting a child on the head or shoulder, squeezing a hand, and putting your arm around a child are all good ways of expressing yourself physically.

10. AVOIDING OVER-DEPENDENCE

It is sometimes hard to be accurate and realistic about what children are capable of doing for themselves. In the case of many handicapped children, it is all too easy to assume that they are more helpless than they really are. Seeing that they cannot do some things may make us think that they cannot do others.

Furthermore, some parents may have overprotected their handicapped child to make up for all the extra problems their child has to deal with. This means that some children may come to Head Start expecting that everything will be done for them, simply because this is what they are used to.

Overprotecting a child is a trap you don't have to get caught in. You have to ask yourself: "Is this really impossible for this child? Could the child do it alone with more time? Could the child do it with more help from me?" Think hard, and be honest. It is tempting to do things for a slow child because you can do them faster and better. But if you're always the one who sets the table for snack, cleans up the block area, and buckles boots, the child won't have a chance to learn to do these things.

Being extra patient and giving extra encouragement to children who try to do things on their own will pay off many times in the future. You can help children think of themselves as able, not unable. When they grow up, they will be in the habit of expecting as much from themselves as they are really capable of.

11. CONFIDENTIALITY

Making sure that confidential information stays confidential involves careful record keeping and watching what you say.

Project Head Start requires programs to institute careful procedures, "including confidentiality of program records, to insure that no individual child or family is mislabeled or stigmatized with reference to a handicapping condition" (OCD Transmittal Notice N-30-333-1-30, "Head Start Services to Handicapped Children," February 28, 1973, page 6). The Head Start Performance Standards also spell out procedures to guarantee confidentiality of records:

- Records must be stored in a locked place where unauthorized people can't see them.

- The Head Start director must determine which staff members can see which parts of the records and for which reasons.

- Parents must fill out written consent forms to give anyone outside of Head Start permission to see the records.

These procedures are designed to make sure that all records on a handicapped child and his or her family are seen only by people who need to see them for legitimate educational or medical reasons.

Avoid writing down confidential information such as that contained in the child's records. Limit the confidential information you do write down to what you need for working with the child.

You should not repeat confidential information about handicapped children or their parents, either to other parents or to staff members who are not working with the children. This is an invasion of the privacy to which handicapped children and their parents have a right.

If you need to share confidential information with another staff member to help him or her work better with the child, have your discussion in a private place and limit it to necessary information only.

Teachers have sometimes been embarrassed to find that their comments about a handicapped child's family have been repeated to the family. Parents of children with special needs can be sensitive about this issue, and understandably so. Be discreet about what you say--and to whom you say it.

SPECIFIC TEACHING TECHNIQUES

This section describes sensory training for all visually handicapped children. It also lists specific techniques for working with partially sighted children and with children who have little or no vision.

SENSORY TRAINING

Children's development depends heavily on their ability to acquire information through the senses--primarily through hearing, sight, and touch, and to a lesser extent through smell and taste. Each sense has a unique receptor or receiver: the eyes for sight, the ears for hearing, the fingers and skin for touch, the nose for smelling, and the taste buds on the tongue for taste. When the receptors of one sense (such as the eyes) receive limited information, a child's development is hampered.

A child with a visual handicap can be taught to substitute the use of other receptors (such as the fingers and ears) for vision, to get information necessary for development. This process is called sensory training. All visually handicapped children can benefit from this type of training. No matter how limited a child's vision is, the more sensory experiences you expose him or her to the better. However, children with little or no vision will also need mobility and orientation training, so that they can move about freely to receive auditory and tactual cues. Mobility and orientation training is described under "Techniques for Children with Little or No Vision." The next few pages describe sensory training games you can play with visually handicapped children, to help sharpen senses other than vision.

Tactile

Teach children to discriminate among textures tactually. Begin with materials that are pleasant to the touch (for example, velvet and silk). Move on to such things as squares of wood, wool, plastic, leather, cardboard, sand paper of various grades, carpet, and knitted material. Provide various shapes, sizes, and weights. Experiment with pressure stimulation to discover which areas of the body are most sensitive to feeling changes in pressure. Also experiment with temperature (ice cubes, toast).

Auditory

Using available sound recordings (records, tapes), a radio, and the environment, teach children to be aware of and to distinguish among sounds of musical instruments, animals, people's voices, and the environment (the last might include street sounds, cooking sounds, and getting-ready-to-go-home sounds).

Train blind children to recognize also the direction of sounds and the distance of the sounds from them. Point out that they can recognize the structure (open or closed, hard or soft) of objects from the way they reflect sound. For example, echoes from soft structures sound different from echoes from hard structures. This means that walking along a wall (hard structure) sounds different from walking along a hedge (soft structure).

Taste and Smell

Present children with a wide range of taste and smell experiences. You might put together a little "smell kit," composed of small containers of such things as vinegar, detergent, hand soap, perfume, sugar, and maple syrup. "Scratch and Sniff" books may be used too.

Visual

Plan lessons in which children have a chance to find and follow with their eyes different objects at varying distances. Provide opportunities to discriminate differences in simple shapes--large painted geometric shapes are good for circle games involving shape discrimination. Encourage children with low visual functioning to look at objects by turning and moving their heads close to the objects to be observed.

Kinesthetic (Sense of Body Position or Movement)

Give children opportunities to move their bodies in space and to develop a muscle memory for activities such as dance steps, rolling over, climbing, and holding the head up. An obstacle course that requires children to crawl through, over, and under can be a great help.

TECHNIQUES FOR PARTIALLY SIGHTED CHILDREN

Children who have enough vision to accomplish most of their learning should be expected to use their remaining sight. Using remaining vision can only help children make the most of the vision they have. You can use the following techniques to help partially sighted children use their remaining vision. Also indicated are modifications for use with children who have little or no vision.

Protect Their Eyes

If a child's eyes seem to be sensitive to light, check with the eye specialist or nurse. He or she may suggest that the child use a sun visor or other shield to block out some of the light causing discomfort, or that the child wear tinted lenses indoors as well as outdoors.

Teach Colors

For children who can see and discriminate colors, teach the colors of common objects in the environment, and of objects that are familiar or dear to them, such as a favorite dress or toy. (Children whose vision is so limited that they can't discriminate colors will also want to memorize the usual color names of common objects.)

Use Simple Illustrations

Remember that simple, clear, uncluttered illustrations are easiest to see. The main figures of pictures can be made bolder by outlining them with felt-tip pens. Generally, the type size in books and magazines for toddlers and young children is large and clear enough for visually handicapped children to see.

Seat Children Up Close

If visually handicapped children are unable to see the details of a picture when it is held up from a distance, seat them up front or next to you during storytime and other periods, so they may bring pictures or objects near to their eyes. Avoid glossy photographs. They are glary and hard to see.

Allow visually handicapped children to sit close to the screen when a movie or filmstrip is shown. Some visually handicapped children may see projected pictures on the screen best if they are up close and to the side of the screen. If a rear screen projector is used, visually handicapped children may sit right in front of the screen.

Avoid Glare

Avoid standing with your back to the windows, since looking into glare and light may make it difficult for visually handicapped children to see your demonstrations, facial expressions, and gestures. You may appear only as a silhouette.

Let Children Hold Objects

Let visually handicapped children hold objects as near to their eyes as they wish, and at any angle they select. For example, some children may see best out of the side of one eye, rather than directly in front of both eyes. With experience, children will discover how to hold objects at the best angle and distance for seeing--and will learn to seek less or additional light, too.

TECHNIQUES FOR CHILDREN WITH LITTLE OR NO VISION

This section describes mobility and orientation training, and lists steps you can take to promote learning in children who have very low visual functioning, or who are totally blind.

MOBILITY AND ORIENTATION TRAINING

The more freely children can move, the more they can do for themselves and the more they can experience. As children with visual handicaps move about, touching objects and listening to sounds, their curiosity is aroused in the world around them. Sensory training can help visually handicapped children make the most of senses other than sight. But children with little or no vision also need mobility and orientation training, so that they can move about freely to receive auditory and tactual cues, and to function independent of others.

Mobility

Children with severe visual loss need to learn mobility: the ability to move about safely and independently. Blind children may be taught three techniques to protect their bodies in independent movement. Once they feel safe, these children can become highly mobile.

1. Teach the child to raise one arm to shoulder height and bend it at the elbow, with the palm facing away from the body. This technique protects the head and upper body from half-open doors, walls, and other obstacles.

2. Teach the child to bend one arm slightly across the front of the body, palm facing the body. This technique can be used to protect the lower body from furniture and other obstacles.

3. Teach the child to hold the arm nearest the walls of hallways slightly out to the side and ahead of the body, using the back of the fingers to locate openings or obstacles. Fingers should be bent and lightly touching the wall to prevent injury at door frames, etc.

Children who are blind can learn to sit down independently, too. Teach them to place one hand on the back of the chair and the other on the seat before sitting down. That way they will know the exact position of the chair.

Orientation

Children with little or no vision also need to learn to use their remaining senses to determine where they are in relation to the other things in their environment (such as walls, doorways, pieces of furniture, toys, and other objects) and how to reach or avoid bumping into these things. This is called orientation. The usual stages for teaching orientation are:

1. Familiarize a child with a new "route," such as walking from the toy shelf past the stairs to the bathroom. Point out tactual and auditory cues to the child. Let the child practice the route under your supervision for a period of time. Encourage the child to explore the route freely.

2. Once the child is familiar with the route, let him or her move through it alone, touching tactual cues and listening for auditory cues.

3. Ask the child to travel the route alone, relying mostly on memory (that is, without tactual cues). Give help only when necessary.

STEPS TO PROMOTE LEARNING

Encourage Using Vision

Encourage children to look at objects, regardless of how little vision they seem to have. Young children in particular have not had practice using residual vision, and often appear to have none. However, given opportunities and encouragement, they can gradually learn to use--to surprisingly good advantage--any residual vision they have.

If remaining vision is not used during the preschool years, it will not reach its full potential. On the other hand, the more children practice looking and seeing, the more they will be able to see. It is not that their visual acuity can be improved, but their ability to use their remaining vision can be developed and refined.

Remember that how well a child sees can be affected by many factors, such as fatigue or anxiety. If a child can easily perform a task one day, but has trouble with it the next, ask yourself the following questions:

Was this day different in any significant way?
Did the child appear tired upon arrival?
Did the child appear to be tense or excited?

If you answer yes to any of these questions, chances are good that the child's visual trouble is due to one or more of these factors, and is therefore only a temporary condition.

Encourage Participation

Encourage children to move freely to wherever an activity is occurring. They need to be near the activity in order to use their hands and remaining vision to best advantage, and to listen and become involved in any discussion of it.

Provide Explanations

Give clear directions. Avoid the use of vague words such as "this," "that," and "over there." Be specific.

Provide generous amounts of verbal explanation of everything going on. In conversations, help children relate current experience to experiences of the past.

Provide Concrete Experiences

Whenever possible, provide concrete experiences of what you are talking about. Emphasize firsthand experiences by substituting real objects and scale models for pictures shown to seeing children. Show the children how to handle materials and toys.

Teach play movements through touch. Children can be shown the first time how to crawl through a playground tunnel, pump a swing, roll on the rug, "tag" a friend, kick a ball. They can observe with their hands the physical movements of other children to get the feel of a needed movement, or they can be "moved" through an activity by an adult.

When a group game needs to be explained, you can sometimes use a visually handicapped child in your demonstration of how to play it. In this way, you inform a visually handicapped child by physically moving him or her through the activity. At the same time, other children can observe how to play the game.

When teaching concepts such as up, down, across, here, over, and under, demonstrate by using either the child's own body or a doll. For example, ask the child to crawl on top of a table, under it, and beside it. Or lift a doll above the child's head, down to his or her feet, and to the side.

Teach Correct Positioning

These children often need to be shown the correct postures for sitting and standing. They may also have to be taught certain gestures, and the correct positioning for common preschool situations: talking to people, saluting the flag, standing in line.

Arouse Their Curiosity

When new objects are brought into the classroom, arouse children's curiosity in them. Let a child handle new objects, and describe them to him or her. Allow freedom to explore--freedom to put together information in a child's own best learning time.

Signal Activity Changes

When children cannot see well enough to observe your preparations for the next activity, give them an "early alert" to help them gauge the use of the remaining time and prepare for a change in activity.

Express Yourself Physically

Show your feelings to a child by using a hand on the shoulder or arm, a hand squeeze, a hug, a pat on the head, and a friendly word instead of the smile or eye-to-eye contact you give seeing children.

Keep Them Active

As a general rule, these children should not sit too long with nothing to do. It is also wise to limit the length of time they listen to the radio or television. As with non-handicapped children, they need to engage in a variety of activities, including vigorous physical activity.

When children become bored or uninvolved in classroom activities, they sometimes display self-stimulating mannerisms (such as body swaying, eye poking, head rolling, hand waving, and thumb sucking) or other behavior . These children are usually not aware of their mannerisms. If you can get their interest and direct it to a constructive class activity, the mannerisms will probably disappear or diminish.

ACTIVITIES

All children need practice in all skill areas. However, motor development activities, activities that involve lots of interaction with other children, and activities that make use of senses other than vision are particularly helpful to children with visual handicaps. If you have a child with limited vision in your classroom, try to provide lots of activities like the following:

- motor activities such as rolling, balancing, and body or movement activities
- circle games that put children into close physical contact with one another--holding hands, conversing, following directions, and sharing
- singing and finger plays, which teach children about the patterns of words, body image, and combining music or words with action

- sensory activities that involve smelling, touching, tasting, and listening

- spatial relationship activities, which help children use sound, size, and distance clues to know where they are and to find their way around.

All children can benefit from regular participation in such activities.

The next section describes activities that can help all children improve their performance in all areas of development. Ways to modify them for visually handicapped children are described. As you know, any activity can be used to teach many kinds of skills. Depending on how the activity is done, some skills get more practice than others. For example, if you wish to use a bead-stringing activity to practice fine motor coordination, any simple bead-stringing materials will do. But if you also want to practice the cognitive skill of learning size, you will need different sized beads, so that you can tell a child, "Now, string the biggest bead." You can use the activities in this section to provide practice in many other skills than the ones listed.

STORY READING

Reading stories to children can help them improve their:

- ability to pay attention
- listening skills
- vocabulary development (naming pictures)
- language development (understanding spoken words)
- sequencing (retelling the story)
- ability to socialize with classmates.

Preparation

Select a book with bright, distinct pictures, a "feelie" book, or a "scratch and sniff" book. If you have a child with little or no vision, you may want to use "twin vision" books, which have both printed and braille pages. (Your handicap coordinator may be able to get these from a specialist in the visually handicapped.) In this way the children with very limited vision will become aware that those funny bumps are words they will read some day, just as sighted children become aware of printed words.

Don't hesitate to use stories or rhymes that include nonsense words, fantasy, or make believe. But make sure that the children learn the difference between what is real and what is make believe.

If the story deals with real people and/or experiences, it would be helpful to have on hand some of the objects mentioned in the story for the children to listen to, touch, smell, and/or taste.

Conducting the Activity

1. Have the children gather in front of you in the story reading area. Initially the child with very limited vision may need to be taken by the hand and led to the area. As the child becomes able to move about the room with more confidence, encourage him or her to find the way alone or with another child.

2. Make sure all the children can see the book from where they are sitting. Children with visual handicaps should sit as close as possible to the book. A child with very little or no vision may even sit on your lap and turn the pages for you.

3. Pass around any real objects you have brought in for the children to explore while you read about them aloud.

4. Involve the children in the story or in questions about the story as much as possible.

Tips

Story reading can be used to set the stage for many other activities. If the story lends itself to acting-out, you may want to use it as a dramatic play experience.

For the child with some vision, story reading can be used in individual instruction, to identify how much he or she can see in the pictures.

Story reading, nursery rhymes, or finger plays can be used as comfort-giving activities throughout the day, or when a child needs individual attention.

Just because a visually handicapped child is not facing you doesn't necessarily mean he or she isn't listening. The child's position may be the way he hears and/or sees best. If you are sure, however, that the child is not well oriented, you or another child could help get the youngster in the right spot for the activity.

MUSIC

Music activities can help children improve their:

- o listening skills

- ability to pay attention
- memory and sequencing (counting, days of the week and seasons of the year, names of fruit, vegetables, clothing, etc.)
- speech development
- body movement and awareness
- sense of rhythm
- ability to socialize with classmates

Preparation

Review the songs that are most familiar to you. Begin with songs about familiar places, things, or activities. Have all the equipment that you may need (such as records, record players, and rhythm instruments) ready and in good working order. If records are used, the words should be clear enough to be easily understood. If the song calls for movement, it is a good idea to prepare a child with little or no vision by putting him or her through the motions during some free time before the activity.

Conducting the Activity

1. Explain the activity, showing the children how to do it. A totally blind child may need more of your help in going through the motions that go with songs like "Here We Go Looby Loo," "Farmer in the Dell," and "London Bridge." Since a child with very limited vision can't see what the other children are doing, it may take longer for him or her to learn to do the activity.

2. Make sure the children understand all the words in the song.

3. Continue to help children with the motions and rhythm.

4. Repeat the activity several times. Children often enjoy singing songs and going through the movements over and over again. Repetition helps them learn and gives them a feeling of mastery and security.

Tips

Music can be an opportunity for learning almost anything. You can find a story and song to introduce or to follow up almost any activity.

Music activities that include the use of rhythm instruments are very enjoyable for visually handicapped children. They provide the opportunity for learning the names and uses of various musical instruments and for recognizing various sounds and pitches. They also teach children to count and beat out various rhythms.

You might let parents know the kinds of music activities you are doing in class so that follow-up can occur at home. This will help to maximize children's learning.

SNACK

Snack time can be an opportunity for children to improve their:

- daily living skills (setting the table, serving food, eating, table manners, clearing the table)
- fine motor skills (holding spoons and forks)
- understanding of spatial relationships (fork is on the left side of the plate)
- language skills
- ability to socialize
- sensory awareness (especially taste, touch, and smell).

Preparation

Food and mealtimes play a great part in everyone's social and working life. Snack builds eating, social, and conversational skills in children--skills that they will continue to use the rest of their lives. There are a number of things you can do to make snack a pleasant and successful experience for children.

Ask parents in advance about the food preferences and eating habits of their children. Check to see what eating and drinking skills children do or do not have.

Use real dishes. Plastic or paper dishes are too light and flimsy. They tip and spill easily, and are difficult to carry. Glasses or cups should have a wide base or bottom. Children who are just learning to drink may need a two-handled cup, or even one with a cover and drinking spout.

Use small pitchers for pouring. These can be plastic, and should have a cover that does not fall off. (A screw-type cover is often best for this.) The pitcher should also have a pouring spout that the child can feel.

Use dishes that have depth and a rim so that the child can scoop his or her food more easily with the spoon. A rim also helps keep the food on the dish during searching movements.

Conducting the Activity

1. During snack time, give all the children some responsibility in setting the table, clearing, and cleaning up.

2. Use placemats to indicate where things should be placed.

3. At first, have a child take the same route every day to the eating area. Be sure to show him or her where you stack the plates, where the placemats go, and where the utensils are kept.

4. Use snack to expand children's experiences with food. Whenever possible, try varying the form of the foods you usually use (raw, cooked, frozen). If possible, try different foods.

5. Let the children pour their own liquids. A child with little or no vision can learn to pour by gripping the glass firmly with one hand and placing the index finger inside and slightly below the rim of the glass. In this way, the child can tell when the glass is full.

6. Don't forget about language! Talk about everything connected with the activity, including clues for finding one's place. Be sure to tell a child with little or no vision what he or she is eating, and how it was prepared. Encourage the children to talk about what they are eating and drinking. Make them aware of the smells, tastes, and textures. You can make a game of snack, at times: ask the children if they know what something is by touching or smelling it (before tasting it).

Snack can also be a relaxed time for conversation about the day, what happened before snack, and what will come later.

Tips

If the children's names are on their chairs, put a visually handicapped child's name in large print or braille, or use a tactual clue (such as a fuzzy circle).

A child may need your assistance at first during snack. It may take some children all year to learn the self-help skills involved. Children who have not yet learned to eat with a spoon eat most foods with their fingers. This is a natural step in the process of developing eating skills. When you think a child is ready to learn to use a spoon, it may be easier to sit behind him or her, so that the feeding movements are more natural for you and the child. In some cases, you may want some assistance from an occupational therapist to help with children who have difficulty with swallowing, chewing, or biting.

A kitchen provides many learning opportunities. If the Head Start program can use the kitchen regularly, or at least the snack area, it will be much easier to suggest activities that the parents can reinforce or carry out in their kitchens at home.

REST

As we all know, rest is also an important "activity." It is especially important for young children, who need a chance to relax and be calm during the day.

Preparation

Make rest a regular part of the day that children can anticipate. Have a cot or mat for each child, and a routine for getting them out and putting them away. Give children a "quieting" activity to do just before the rest period.

Conducting the Activity

1. Have the children get their mats, rugs, or cots, and bring them to the rest area. A visually handicapped child may need assistance doing this at first.

2. A quiet story or soft music may help the children relax.

3. End the rest period in a gentle way--perhaps by again playing quiet music. Have the children put away their mats, rugs, or cots.

Tips

Don't expect all children to nap. Children who are less active than average need less rest. You may want to provide some type of planned relaxation activity for a child who needs some rest time but cannot sleep. This may be a good time to work independently with such a child.

If you notice that a child is engaging in "self-stimulating" mannerisms, such as rocking back and forth, poking the eyes, and flipping the hands or fingers in front of the eyes, you should provide him or her with an alternative activity. For example, if a child is flipping the hands in front of the eyes, give him or her something to occupy the hands. A special education consultant for the visually handicapped or other support personnel should be consulted if a child's "self-stimulating" behavior causes you real concern. The solution must be based on the individual situation.

FIELD TRIPS AND SPECIAL EVENTS

Field trips can help children improve their:

- concept development (having concrete experiences to go with the language that describes the experiences)
- language development (learning new vocabulary)
- social skills (meeting people, interacting with other children)
- gross motor skills (learning orientation and mobility in new settings)

Preparation

Select a place that is meaningful to the children. Usually the most ordinary neighborhood places provide the most practical learning experiences (for example, grocery store, bakery, or hardware store). Be familiar with the site, so that you can prepare the children. Try to get permission from the place you plan to visit to allow the children to touch things.

Make plans for any extra supervision that may be needed for a child with a visual handicap. Also think about the kinds of sensory clues there are at the site, and discuss them with the child ahead of time, so that he or she will know what to watch for.

Be sure to get permission from the children's parents for the trip. Parents can also help to prepare their visually handicapped child for the trip by discussing it with him or her ahead of time.

Be sure that you take a count of the children before leaving the classroom, and that every child has a partner to stay with during the trip.

Conducting the Activity

1. Talk about where you are and what is happening.

2. Remember that it takes visually handicapped children longer to examine things. They can't take things in at a glance. Allow a child time to examine a few things thoroughly. Avoid confusing the child with too many things at once.

3. After the field trip, review the highlights. Talk about what the children saw and what they did. Ask them how they felt about the trip.

4. Use real objects to reinforce the learning. For example, if you went to the hardware store, review the trip by bringing in tools, pots, and pans for the children to touch and talk about. You might include some other objects to see if the children can tell you which objects come from the hardware store and which do not.

5. Encourage the parents to return to the site with their child to reinforce and build upon the initial experience.

Tips

Visually handicapped children need people to help them connect the words they hear with the real objects. Things must be explained to them, and they should be allowed to touch, smell, taste, or experience real things as much as possible.

Visually handicapped children may develop faulty concepts because they lack *incidental learning* (learning through casual observation). Remember to check the correctness of the concepts children learn from a trip.

Try to take short trips often with the children. Trips serve to expand a visually handicapped child's world as few other activities can.

Set individualized learning goals for each trip (for example, learning the names and uses of three different tools in the hardware store).

PLAYGROUND

Playground activities help children improve their:

- orientation and mobility skills (knowing where the equipment is, how to get to it, and how to use it)
- body awareness
- coordination
- balance
- ability to follow directions
- language skills.

Preparation

Check to see that the play area is safe (no glass or broken equipment) and small enough to insure close supervision. Be sure the children understand the safety rules and limits. For example, they should know where to stand in the swing area, how to get off the teeter totter without getting hit in the chin, and the importance of moving away from the front of the slide.

Conducting the Activity

1. Children with low vision will need help at first finding and getting out the equipment.

2. You may have to teach a visually handicapped child how to play with or use the equipment. They can be taught how to use the slide or the monkey bars, for example, by feeling someone else's body move, or by having someone move their bodies through the motions. Specific games may be taught in the same way.

3. Stay close by to lend a hand and to remind the children of safety rules when necessary.

Tips

Other children will probalby quickly learn a visually handicapped child's needs in play situations, and provide help as needed. Don't count on them to do so, however. Have as many adults as possible on the playground for supervision.

COOKING

Cooking activities can help children improve their:

- fine motor skills (daily living skills such as measuring, pouring, stirring)
- concept development (familiarity with common foods and their different forms--frozen, raw, and cooked; tastes; smells; textures)
- language and speech development
- ability to pay attention
- ability to follow directions
- ability to socialize with peers (sharing, taking turns).

Preparation

Have all the ingredients and equipment ready. Also follow suggestions listed under the preparation for snack.

Conducting the Activity

1. Try to work in small groups so that each child has many chances to be involved and closely supervised.

2. Include the children in setting up the activity, and in cleaning up afterward.

3. Help the children learn where foods, utensils, and dishes are kept. Let a child with low vision handle the utensils (carefully!) to learn their various shapes. Teach all children to pick up utensils by their handles. Finding and bringing supplies to the work area can also serve as a learning experience.

4. Describe the containers to a child with very limited vision, so that he or she can find them through touch. Oatmeal boxes, cocoa cans, mayonnaise jars, soup cans, and envelopes have distinctive shapes that the child will be able to remember. Show the child how to check whether a lid is on tight, and how to shake a container to hear what is inside. People with sight don't pay much attention to sounds such as these, but visually handicapped children can use them as clues. They can learn to identify many foods by the shape, weight, and sound of the containers they come in.

5. Demonstrate each step before asking the children to take their turns. Sometimes your demonstration will require taking a visually handicapped child through the motions involved.

6. When the children eat what they have prepared, encourage them to talk about the foods. Are they sweet or sour? Hot or cold? Crunchy or soft? The words you use can add to the children's understanding and vocabulary.

7. Give clear directions, one at a time, for cleaning up.

Tips

Make children aware of the changes taking place in the foods as it is prepared (from raw, frozen, or canned to boiled, baked, or fried). You might explain or demonstrate the various forms a food can take. For example, show potatoes raw, boiled, baked, french fried, and mashed.

Be specific in talking about foods. For example, if you're preparing ground beef, use the name of the dish: hamburgers, meat loaf, chili, etc.

Cook a variety of foods (desserts, salads, vegetables, casseroles) to give children an opportunity to learn different cooking methods, and to experience different smells, tastes, and textures.

For a child who doesn't like messy things, try baking cookies. The incentive to taste the dough may help children get used to the "doughy" feeling.

Think of all the learning opportunities cooking provides: measuring, pouring, and stacking plates or pans. You can also teach the concepts of large and small ("Can we put the apples in this pot or do we need a larger one?"), numbers, and colors.

Save the containers. The children can use them for dramatic play situations, such as going to the store or playing house.

Another wonderful advantage to any activity carried on in the kitchen is that it can be followed up in the home. For further suggestions, consult Franziska Naughton and Sharon Sacks's booklet Hey, What's Cooking? The Kitchen Curriculum for Parents of Visually Impaired Children (available from South Metropolitan Association for Low Incidence Handicapped, 250 Sibley Blvd., Dolton, P.O. Harvey, Illinois 60426).

ART

Art activities can provide practice in:

- self-expression and creativity

- fine motor skills (gluing, cutting, painting)
- gross motor skills (pounding or kneading clay)
- concept development (being shown a variety of materials)
- tactual experience (feeling a variety of textures and shapes).

Preparation

Collect all necessary materials, including anything you need for cleaning up afterward.

Set the goals for the children in working with art materials, so that you can structure the activity accordingly. For example, if you are concerned with fine motor skills, you will want to pay close attention to how a child handles scissors in a cut-and-paste activity. If your goal is one of self-expression and creativity, you will be less concerned with a child's technique than with his or her need to explore freely.

Conducting the Activity

1. Familiarize the children with the materials by talking about them and allowing the children time to explore each one. You may need

to show an example of what the final product may look like, so the children have some idea of what they are working toward.

2. Allow extra time for children with low vision to continue exploring the materials, before they actually begin to work with them.

3. Be ready to offer assistance when necessary.

4. Include the children in clean-up.

Tips

To help children cut out shapes, you might draw the outline with white glue and allow it to dry. The child with low vision will then be able to feel the outline while cutting. If a child has trouble handling scissors, you might score the paper with the edge of the scissor blade and let the child tear out the shape.

A child who doesn't like to touch messy materials may need some extra encouragement from you. Allow him or her time to ease into the activity--just watching everyone else working may be enough to get the child started.

There are many things you can do to make the project more meaningful to a child with little or no vision. Whenever possible, use materials that are tactually different--papier-mache, beads, yarn, etc. Add sawdust, sand, or other materials to paint, to make the final product easier to recognize. Coloring with the paper taped over a piece of screen will add texture to the crayon wax. Likewise, coloring on rough art paper or wallpaper will enable the child to feel the wax.

Visually handicapped children enjoy art in their own way, relying heavily on the sense of touch. This means that their projects may not look like your idea of art. If you have a totally blind child in your class, try closing your eyes while touching the project. In this way you can experience the art as the child does.

SCIENCE

Science activities help children improve their:

- concept development
- tactual sensitivity
- fine motor skills

- ability to follow directions
- language and speech skills
- social skills (cooperation).

Preparation

Have all of the materials and equipment ready. Try to work in small groups so that each child can be involved and close to the materials. Break each step of the activity down into short, simple tasks.

Conducting the Activity

1. Divide the class into small groups.
2. Introduce the children to the materials they will be using. Depending on what is appropriate, ask the children to touch, smell, taste, or listen to the materials.
3. Demonstrate each step one at a time.
4. Involve the children in every task, giving help as necessary.
5. Follow your routine for clean-up.

Tips

Make sure there is plenty of light in the area where the activity takes place. Let a child with limited vision move up as close as necessary, and experience the materials with as many senses as possible. Encourage the other children to pay close attention to taste, smell, and textures, too.

Provide lots of sensory experiences to enhance everyone's learning. Play smelling games ("I smell something in the kitchen"), tasting games ("I taste something sweet"), listening games ("I hear something outside"), and feeling games ("I feel something fuzzy").

Since it may take a child with a visual handicap longer to learn some of the concepts, plan a variety of follow-up activities to reinforce the concepts.

Science activities are an excellent way of teaching the concepts of change and growth. The following list suggests some of the many science activities you can do with preschoolers.

Learning About Temperature

If you have a thermometer in the classroom, make use of it. Using cardboard and string, make a model with a tactual pointer that can be moved along the string to indicate the temperature each day. The children may take turns operating the model. Although children with very limited vision cannot see the mercury in a real thermometer, they can get an idea of how it moves up and down from the model.

Water Temperature

Fill pop bottles with warm, hot, and cold water. Then have the children feel and match the temperature by changing the water temperature in the sink.

How Seeds Grow

For a child with low vision, plant several extra seeds so that the child can touch and feel the plants as they grow and unfold. You can also pull some of them up so that the child can feel the roots.

Water Changes

Water changes its form through freezing, melting, and evaporating. Start with ice cubes. Let the visually limited child feel and taste the ice. Then melt the ice in a pot on the burner. When it has melted, again let the child feel and taste it. If you let the water boil long enough it will evaporate. If a child is unable to see steam, he or she can be shown the near-empty pot. You can follow up this activity by making popsicles.

Solids to Liquids

Dissolve sugar in water to illustrate how a solid can be reduced to a liquid. You may even want to have a child feel the sugar after it gets to the bottom of the container, and stir with the fingers until it dissolves in the liquid.

Dissolving Fats

Use butter or margarine to show how fats dissolve when heated, changing from solid to liquid form.

WATER PLAY

Water play activities add to children's:

- concept development
- language and speech skills
- gross motor skills
- social skills
- tactual experience.

Preparation

Depending on the kind of water play you have planned, have the materials ready in the classroom or have a plan for getting to the site (fountain, stream, river) in an organized way. If the activity is at a water table or sink, only a few children should be involved at a time. This will be no problem if you provide other activities for the rest of the children to do.

Conducting the Activity

1. Explain the activity and the rules that go with it.

2. Start out with pouring activities, then encourage children to try moving objects in the water.

3. After they have done some exploring with the objects, ask them such questions as: Which objects float? Which objects sink? Can you find the square object? The round object? How does the water feel? Sound?

4. Use all the "water words": wet, splash, patter, flow, creek, stream, river, lake, ocean, shallow, deep.

5. Have the children help clean up.

Tips

Provide the children with plastic smocks or raincoats if you can.

If a child does not like water play, you might want to find out from the parents if there was some past experience that frightened him or her. If so, excuse him or her from the activity until he has had a chance to observe other children doing it and feels more comfortable.

Try activities that involve more than a water play table. Use faucets and hoses. Go outside and find puddles to walk through. Take a field trip to a fountain. Go to a pond, and wade in it. Point out how the water gets deeper. Take a ride on a rubber raft or boat. Find a shallow stream and walk across it. Find a river and cross a bridge. Go out in the rain and use an umbrella. Take a trip to see a water bed. Take necessary safety precautions as you expose children to water.

DRESSING

Practice in dressing skills helps children improve in:

- independent dressing
- concept development (up, down; backwards, frontwards)

- fine motor coordination

- tactual recognition

Preparation

Some dressing and undressing activities happen every day in Head Start classrooms. Taking off and putting on sweaters, boots, gloves, and smocks are typical. Children may need more help and practice with some kinds of clothes than with others. Start with outerwear (jackets, coats) and then slightly oversized clothing (T-shirts, pants, and sweaters). Set aside a time each day to work on dressing and undressing skills.

Conducting the Activity

1. Start with undressing. Break the task down into small steps and have children complete the last step first. For example, if you are teaching how to take off a sock, pull it down to the toes, and ask the child to finish taking it off. Eventually the child will learn to take off a sock that is pulled all the way up.

2. Explain and demonstrate each step, one at a time. For a child with limited vision, first let the child put his or her hands over yours while you perform the task. Then, if necessary, put

your hands over the child's, moving him or her through the task.

3. As each step is learned, praise the child.

Tips

Be patient and go slowly. Remember that some children may have always had someone else dress and undress them. It will take them longer to develop independent dressing skills. Practice must continue regularly over a long period of time.

There are many guides and checklists to assist you in breaking down self-help skills such as zipping, eating, and toileting (see the bibliography in Chapter 7). You can also ask your special education consultant for help.

Find out if accompanying skills, such as finding the coat rack, and putting the coat on the hook, have been learned. If not, you might spend some time on these skills as well, to increase the child's independence.

PRE-READING ACTIVITIES

Pre-reading activities can help children develop:

- sequencing (remembering what happened in the beginning, middle, and end of a story)

- eye-hand coordination (in activities such as puzzles, pegboards, or tracing)

- figure-ground discrimination (paying attention to the person in the foreground of a picture rather than to the trees and flowers in the background)

- tactual discrimination (the ability to feel the difference between different things that you touch. For example, squares of different kinds of material: velvet, silk, cotton, wool, etc.)

- understanding of spatial relationships (how far one puzzle piece is from another or how near it is to you)

- auditory discrimination (the ability to distinguish different sounds. For example, recognizing the differences among the sounds of musical instruments)

Preparation

Think of all the materials that can be used in pre-reading activities:

peg boards, form boards, beads, busy boxes, shape boxes, puzzles, and stencils. Start with materials whose parts are large, textured, colorful, and easy to manipulate. Introduce the children to one material at a time.

Conducting the Activity

1. Show the materials and name their parts. Give children time to explore the materials.

2. Show each child how to use the materials by putting your hands over his or hers and moving through the task, step by step. Some teachers prefer putting the child's hands over theirs first.

3. Have the children try the first step alone. If they have trouble, repeat number 2 (above), then ask them to try again. You may have to repeat number 2 many times.

4. Once a step has been mastered, go on to the next one, following the same procedure.

Tips

Encourage a visually handicapped child to use his or her vision. Call attention to the visual cues.

For a child with very limited vision, substitute or add tactual clues (like fuzzy circles or sandpaper squares).

Pre-reading activities include exercixes that ask the children to do tasks from left to right, such as following pictures visually and/or tactually from left to right, or putting pegs in the pegboard from left to right.

The special education consultant for visually handicapped children in your area can discuss with you any concerns you may have in teaching pre-reading skills to visually handicapped children. He or she has the specialized skills and training that are required to teach such things as braille.

CHAPTER 5: PARENTS AND TEACHERS AS PARTNERS

One of Head Start's unique achievements has been the involvement of parents in the education of their children. Parents are the primary educators of their children, and their involvement is the cornerstone of a successful Head Start program. This partnership is even more important in the education of a child who is handicapped, for the following reasons:

- Parents know their children's strengths and limitations better than anyone else. They can help a teacher understand and plan for their child.

- A joint family/teacher effort is essential for developing the best program for a child and for ensuring that the child will benefit as much as possible from the Head Start experience.

- Head Start may be the first preschool experience the child and parents will participate in. Making it a successful experience will have positive effects on the child's school years to come.

Parents as Decision-Makers

Head Start has always considered parents important decision-makers for their child, because they are the main influence on the child's development. They need to reinforce what you are teaching in preschool if maximum progress is to be made. Changes in a child that come about through your efforts, the efforts of specialists who provide services, and the experience of mainstreaming affect parents. For all these reasons, it is important that the parents participate directly in what you are trying to accomplish with the child in the program.

Direct parent involvement in decisions affecting their child is essential. They should decide with you what and how you teach their child, and what efforts they will make at home. They should participate in decisions involving formal assessment and diagnosis of their child, and selection and arrangements for any special services that are needed. They should be a part of any decisions that are made as a result of assessments of their child's progress.

One of the major areas in which parents are needed as decision-makers is in the development of an individualized education plan for their child. This plan is a written statement developed in meetings of the diagnostic team, the parents, and the teacher. It spells out the educational goals for the child, the activities that will take place in the classroom, the involvement of parents, the special services that will be provided by other agencies, and details of the evaluation procedure. Parental consent is required by law at two points: to give permission for the diagnostic process to take place, and to give permission to put into effect the individualized education plan that has been developed for the child. This requirement is intended to guarantee that parents have their rightful say in the education of their child.

The rest of this chapter discusses specific ways in which parents can help in the education of their child, and provides guidelines for teachers in working with the parents of handicapped children.

WHAT PARENTS CAN DO

HELPING YOUR CHILD

As parents, you are the first and most important educators of your child. You can help in your child's education in a number of ways, both at home and in the classroom. You might begin by taking the following steps:

1. Get to know your child's teacher. Give him or her a realistic idea of how much you can do. Take into consideration the amount of extra time you can afford to spend working with your child, as well as how much time you would like to spend. Even if you have a fair amount of free time available, you may find it difficult to work closely with your child for long periods of time.

2. Recognize that you have a tremendous influence on the growth and development of your child. What you do does make an enormous difference. Try to participate in your child's learning as much as possible.

3. Seek guidance from your child's teacher if you are not certain how to use everyday events at home as learning experiences for your child. The teacher may be able to suggest specific activities you can do with your child to help him or her build necessary skills.

4. Build on Head Start's firm commitment to a partnership with parents. You aren't alone in your efforts to help your child: you now have partners who can help promote the well-being and development of your child: the teacher, other staff members in the program, and agencies and public school resources in the community.

The next section discusses how to prepare your child for the Head Start program, some things you may find helpful to discuss with the child's teacher, and how to use everyday events in the home to foster your child's development.

PREPARING YOUR CHILD

You can help both your child and the program staff by preparing the child for the Head Start program. Just before the start of class, bring your child to the Head Start center. Introduce yourself and your child to the teacher and other staff members. Encourage your child to explore the classroom and to play with some of the materials. Try to make sure that your child has a good time during this visit, and completes something successfully--even if it is only a simple puzzle. This is a perfect opportunity to orient the child to the classroom and to have him or her explore where to hang coats, where the bathroom and water fountain are, etc.

Because some visually handicapped children have led very sheltered lives, they may be frightened at first about leaving home. You and the teacher may want to discuss whether it would be helpful to your child if you remain in the classroom during the first few days. At some point your child will have to feel comfortable in the classroom without your being there. This takes more time for some children than for others.

A little bit of home at preschool and a little bit of preschool at home go a long way toward helping children feel comfortable and secure. Perhaps the teacher could loan you some materials from school for the child to use at home. Or your youngster could be sent to class with a favorite toy or familiar object from home, to increase his or her feelings of security.

Try to have your child arrive in class on time. Let the teacher know of important events at home that might influence the child's behavior in class. These special events may be happy times (such as birthdays, a family visitor, or a trip), or unhappy times (such as death, illness, or disruption in the family routine).

UNDERSTANDING SKILL AREAS

You may feel that you need help from the teacher in understanding the skill areas--such as language skills, motor skills, social skills, self-help skills--that your child has serious weaknesses in. Don't hesitate to approach the teacher for this help, or for help in figuring out ways to use daily home activities to help build on the child's strengths and work on the child's problems.

Try to talk frequently with the teacher in terms of specific skills. Exchange suggestions. If your child is living with both parents, both of you should try to get involved in conferences and conversations. Each parent may have a different perspective.

Ask to see for yourself what the teacher does and how he or she does it in the classroom. You might even want to try practicing skills with your child in the classroom. Sometimes it is better for you to work with a child other than your own. But in either case it will give you practice and an opportunity to exchange ideas with the teacher.

Describe to the teacher an average day at home, in order to learn how you can use these everyday events to work on the skills your child is having problems with.

ADDITIONAL EFFORT

All young children learn by having different experiences and by trying things out. This means that your child needs to be involved as much as possible in daily activities at home, just like other children. If it's good for a non-handicapped child to help feed the dog, then it's good for a visually handicapped child. Any activity the child can be involved in can go a long way toward helping him or her build self-confidence and competence.

You will probably have to make some additional effort to help your child become actively involved in daily events. Work out with the teacher what you can realistically do, but recognize that extra effort is necessary.

HOME ACTIVITIES

Activities at home should be as enjoyable as possible for the child and for the family. Don't overburden yourself or your child. Ask the teacher to suggest things that can easily be built into the daily routine. If the suggestions are very hard to carry out, they may not get done.

On the other hand, if you are willing to take a more active teaching role at home, ask for extra suggestions for things you can do. Talk with the teacher about what you like to do with your child and about what the child likes to do at home. Those activities can all be learning opportunities.

If you would like some specific activities to do at home with your child, look over the activities in Chapter 4. Remember, however, that you need not be a formal teacher for your child. Often the best way to help your child is to be loving and helpful, and to use the daily routine as a way to teach the child. All of the things that you do at home can be used to help the child with special needs learn more about the world.

1. Using the Daily Routine

For example, you can describe what you're doing when you turn on the lights, set the table, or make the bed. You can point out and name colors in the house and outside. You can name your child's pieces of clothing. You can give the child simple chores, like putting the napkins by each plate, passing the cookies, putting clothes in the laundry basket. Don't expect the job to be done perfectly the first time, or even the second. With patience and affection you can help your child improve.

Be consistent in what you ask your child to do. If it is reasonable to expect a child to hang pajamas on a hook in the morning, then you should expect the child to do this every morning.

Expensive toys or materials aren't needed to help children learn. The kinds of things that are in all homes--pots and pans, socks, spoons, and magazine pictures--are all good teaching aids. Pots and pans can be used as rhythm instruments, can be stacked or nested, or can be sorted. Socks can be matched by color, counted, and folded together. Pictures can be named, or used to tell stories.

Most handicapped children need more, not less, stimulation from people around them. A good and simple way to achieve this is for you and other members of the family to talk to the child about what you're doing as you do it, and to listen to and encourage your child to talk. It is very important to talk and listen to a visually handicapped child, and it is easily done.

Confusion and failure can result if you shower the child with too many activities. As you work with your child, you will recognize when the child has had enough. You can help the teachers recognize this limit, too.

2. Fostering Independence

Help your child become as independent as possible. It's tempting for all of us to do things for children that they could do on their own, since we do them faster and better. But it is very important for handicapped children to learn to do as much as they can by themselves. Independence helps children feel good about themselves and improves their ability to get along with others.

If your child has clumsy or uncoordinated body movements, you may worry that he or she could get hurt by all that tripping and falling. You may even feel that you should put the child in a playpen or crib to protect him or her from bumps and bruises. Doing so, however, is a disservice to your child, who learns best about the world by exploring it firsthand. You might ask the teacher to suggest how to "child-proof" your home so that exploration is less dangerous for a child who isn't too steady on his or her feet.

3. Praise and Encouragement

We all benefit from honest praise--children as well as adults. Praise program staff honestly for their efforts with your child, and ask them for feedback on your work with the child. Remember also to praise your child's achievements. For some children, even small tasks can take a lot of time to master. Every achievement--from learning to sit still to managing to eat independently--represents real progress and deserves real praise.

Also, praise the child for trying, even if failure or mistakes result. Continued effort is essential for children with special needs who have many obstacles to overcome. Repeated, steady praise will help a child to keep on trying.

It is important, however, that your praise be honest, and that your child has done something to earn it. Children with visual handicaps, just like other children, are very good at recognizing insincerity. If you praise your child at times when he or she has not been trying or has not mastered something, the youngster will be confused and will not understand what your expectations are.

Ask the teacher to share assessment results with you. Everyone involved should understand how the child is functioning and share pleasure at the child's progress.

WHAT TEACHERS CAN DO

GUIDELINES FOR A PARTNERSHIP WITH PARENTS

Parents of children with special needs are as concerned about their children as any other parents. You may want to keep in mind the suggestions below as you work with parents.

1. Establish and Maintain Contact

Describe the Head Start program in detail, and invite the parents to observe and participate in the classroom. Work out the child's educational goals in conference with them. Review the child's short- and long-term objectives with them at least every three months, or whenever needed.

Although at least two home visits a year are required in Head Start programs for all children, you may need to make more visits if a child is handicapped. Maintain contact with the parents as often as you can. Visits, phone calls, notes, and sending children's projects home with them can help parents see the skills their child is learning. As with any child, don't contact parents only when there is a problem. Ask yourself, as often as you have time, "What did the child do today or this week that shows some progress or enjoyment? How can I tell the parent, along with everything else I have to do?"

Some teachers and parents send a notebook back and forth each day or so. Teachers write a short note and send it home. Parents write one back for the child to take to preschool the next day.

2. Know the Family's Limits

Everyone has a personal limit on how much he or she can do for a child at home or in the classroom. Get to know families well enough to understand these limits. Make sure that the suggestions you give them for working with their child can easily be included into their daily routine. For example, ask parents to talk to their child as they help him or her dress, to name the foods the child is eating, and to give the child simple things to do (like putting a spoon by each plate). Encourage parents to visit and participate in your classroom as much as they can.

3. Focus on the Child's Education

Families of handicapped children may have all kinds of feelings about having a handicapped child. Some may feel angry, some guilty, and some embarrassed. Some may feel that they have a special responsibility to protect their child from all problems and frustrations, and they may expect much less from the child than he or she is really capable of. They may need the help of a psychologist, a a social worker, or a counselor in learning to accept and deal with these feelings.

While you can be supportive and sympathetic, you haven't been trained to be a social worker and should not try to take that role. Suggest to these parents that they talk to people who can help them work through their feelings, if you feel they need it. Your main role is to be the teacher of the child. You should concentrate on the child's education and development.

4. Recognize and Deal with Your Feelings

Be aware and honest with yourself about your own feelings toward a handicapped child and his or her family. Negative feelings, such as blame, anger, sorrow, nervousness, and fear, are understandable. Getting to know the child and the family helps to reduce some of these negative feelings.

Think positively about children with special needs. Focus on what they can do, not on what they can't do. Help the parents see their child as someone who can grow, learn, and improve, no matter how severely handicapped. Most of us feel better about ourselves when people look at our strengths rather than our weaknesses.

5. Be Reassuring, but Be Honest

Parents may ask you questions about the child's problems that you can't answer, such as "Will my child learn to move or act like other children by the end of the year?" Don't be afraid to say that you don't know the answers, but help parents find someone with whom they can discuss their concerns. Your social services personnel should be able to help you find people who can answer some questions. The answers to other questions, such as "What will my child be able to do when he grows up?" are often uncertain and complicated. Beware of people who have easy answers.

Some parents need reassurance and evidence that they can help their child. Help them see the many things that they already do that help their children, and tell them about all the things they are doing well.

CONCERNS OF PARENTS

PARENTS OF CHILDREN WITH SPECIAL NEEDS

Parents of handicapped youngsters often have special concerns. In general, it is wise for you to wait until they bring up these problems, rather than to suggest what the problems might be. Otherwise, you could be creating a problem that they have never felt.

Reading about some of the concerns that parents of children with handicaps often have should help you understand what some parents mean when they hint at a concern without actually saying it.

Enrollment in a Mainstream Classroom

Parents may worry that their child will not fit into the Head Start program. You may need to reassure the family that you want the child in your classroom, and that you believe the child will enjoy and learn from your classroom. Invite the parents to watch and listen to what is going on--let them see for themselves how their child plays with and works with the other children and with you. Seeing is believing.

Acceptance by Other Children

Parents are sometimes concerned that their child will not be liked and accepted, and that other children may be cruel and tease their child.

You can reassure them that preschool-aged children are almost always willing to include a handicapped youngster in their play, and to adapt games as necessary. You can also tell them that you do not allow teasing or bullying of any child in your classroom, and that you will deal with it firmly if it should happen.

Of course, some children just don't get along well with others, but this is not a problem that is limited to children with special needs. It is not a reason for a child to avoid the classroom, any more than it is a reason for a child to avoid the rest of the world. You can tell parents that managing these situations, when and if they arise, is a normal part of your job.

"Seeing is believing" fits here, too, so invite the parents to visit the classroom so that they can get a feeling for the atmosphere themselves.

Throughout the year, keep the parents as informed as you can about how their child is getting along with the other children. If problems do arise, you may want to ask the parents how they handle these situations at home. What do the parents do to help their child play with brothers and sisters or with neighborhood children?

You have developed a number of techniques for helping children cooperate and get along in your classroom. You will probably find that these techniques are just as useful for a child with special needs.

Teacher's Time

Assure the parents of a handicapped child that you will have time for their youngster. Describe to them what you will be doing with their child and explain that you will have your aide, volunteers, and other staff members to help you. Discuss also any outside assistance the child will be getting.

The Future

Parents may worry that their child will not make progress in your program. You can assure them that there are many things that you can teach their child, and that their child will also learn a lot from the other children in the class. too. But be careful not to offer the parents false hopes. Make it clear that you can't make long-range predictions about how far the child will progress in the future, but that you will help the child learn as much as he or she can in Head Start. Be honest when you describe the skill areas you are working on with their child, and keep them well informed of their child's progress. Ask the family, in turn, to tell you how the child is progressing at home.

As with non-handicapped children, if you genuinely like a child, and if you and other staff members in your program have worked out a sensible plan to meet the child's needs and stimulate his or her development, you have a solid basis for developing a real partnership with the parents. While parents of visually handicapped youngsters have some concerns that are different from the concerns of other parents, you can use the same skills and ways of working with them that you have already developed in your conversations and personal contacts with other parents.

PARENTS OF NON-HANDICAPPED CHILDREN

Many Head Start programs have children with handicaps in their classes. Generally, parents of non-handicapped children in a mainstream classroom have no strong concerns about the presence of a child with special needs in the class. If the parents of a non-handicapped child are concerned, invite them to come to your classroom to see for themselves. This will show them that a visually handicapped child is in many ways like other children, and that your program is enriched in many ways because the child is there. Visiting your mainstream classroom will help dispel incorrect ideas parents may have about a handicapped child whom they have never met.

If some parents express a concern that their child will pick up undesirable behavior from handicapped children, you can explain to them that it is normal for children to copy the behavior of other children--this is one of the ways they learn. However, undesirable behavior tends to be outgrown quickly, since it doesn't meet with approval.

If parents would like to talk to their child about handicaps, you might suggest that they do this in a factual, non-emotional way. If the parents are concerned that you won't have enough time for their non-handicapped child, you can describe to them the staffing arrangements your program has made to enable all children to have enough teacher time.

In general, be calm, reassuring, and objective, and describe the very real benefits to their child of mainstreaming a child with a visual handicap in the classroom.

CHAPTER 6: WHERE TO FIND HELP IN YOUR AREA

Head Start is a comprehensive child development program for all eligible children--handicapped and non-handicapped. It includes mainstreaming experiences in the classroom; medical, dental, mental health, and nutrition services; parent involvement; and social services. To strengthen services to handicapped children, Head Start programs are required to make every effort to work with other programs and agencies who serve these children. This cooperations is essential.

Provision of services to handicapped children is not a solo effort. As you have already found out (or soon will), it requires the involvement and cooperation of many people with different kinds of skills and knowledge. You are the primary planner of the child's daily educational program and the person who is central in carrying it out. But it will help you and the child if you can work with these specialists in your Head Start program and with other specialists in your community. You and the specialists can achieve more working as a team than as individuals.

This chapter begins with the case histories of three children. Verndia came to Head Start with some problematic behavior. Her teacher felt that a professional diagnosis was needed. Maurice was diagnosed before arriving in the program, and his teacher needed to coordinate what whe was doing in the classroom with what the specialist was doing. Laura was also diagnosed. Her teacher needed advice about how he could change some things in the classroom to help her. For each child, we explain what help the teacher got and what the teacher needed to do.

Finally, this chapter discusses how to find out about local or regional resources, what they provide, how you can make the most of what's available, and the kinds of specialists you may meet as you work with visually handicapped children.

THREE CHILDREN

VERNDIA

Verndia was the youngest in Ms. Trevino's class of four year olds. From the start, Verndia preferred to play alone or with only one or two other children. Her favorite activity was to sit in the book corner and look at scratch-and-sniff books over and over again. At first, Verndia's preference for independent play didn't bother Ms. Trevino. The other children kept her very busy, and she thought Verndia was showing her maturity by playing alone so quietly.

It didn't take Ms. Trevino long to realize, however, that Verndia had a problem. Large-group activities were a disaster for Verndia, who always seemed to lag behind the other children, particularly in cleaning up and changing activities. She would just stand there and wait for the other children to move. Ms. Trevino also noticed that Verndia tripped frequently, and seemed generally cautious and unsure of herself in movements. While none of these problems was terribly serious taken by itself, when they were considered together they appeared to be symptoms of a possible handicap. There were no clear signs of underlying problems, however, and the symptoms could have indicated several different handicaps. After talking to Verndia's parents, Ms. Trevino decided to refer her for evaluation.

The evaluation revealed that Verndia had a considerable visual loss. Ms. Trevino now meets regularly with the local resource room vision teacher to learn how to:

- help Verndia use her vision more effectively
- plan an educational program for the child
- get special materials for her.

MAURICE

Maurice is totally blind and has few daily living skills. Three times a week his mother takes him to the hospital clinic to see an occupational therapist.

Maurice's teacher, Ms. Basett, maintains regular contact with the therapist. From time to time she even goes to observe the therapy sessions. In this way, she keeps up with what the therapist is doing and with what she can do at school to make the treatment as effective as possible. For example, Maurice has just learned how to finger feed himself. This means that snack is a chance for Maurice to be successful with finger foods, so Ms. Basett makes sure that she has those foods on hand. During snack, she observes Maurice and makes a special effort to reinforce good eating skills.

When problems come up in school, Ms. Basett discusses them with the therapist. The therapist can then spend time on special exercises to improve Maurice's skill in specific school tasks, and can also suggest how Ms. Basett can help him. Through cooperative efforts of the teacher and therapist, Maurice is steadily improving his skills.

LAURA

Laura has very limited vision, and needs to improve her gross and fine motor coordination. For a year she attended a nursery school for children with special needs. But the staff there told Laura's parents that Laura needed experience with non-handicapped children before beginning kindergarten, and the Head Start staff agreed.

Mr. Jimenez, Laura's teacher, wasn't sure exactly what to do to help Laura, but he was willing to be both a teacher and a learner.

The program's nurse helped him interpret Laura's vision report, and the public school itinerant teacher of the visually handicapped gave him lots of advice and suggestions. When he mentioned that Laura often spilled her milk and had trouble holding a spoon firmly in her hand, the itinerant teacher suggested using a spoon with a loop-shaped handle, a plate with sides, and a weighted cup.

Mr. Jimenez talks often to Laura's parents and reads any helpful books he can find. He has learned how to help Laura with her daily living and mobility skills, and she has begun to show improvement.

FINDING OUT ABOUT RESOURCES

To find out about resources, start by asking questions. Ask other teachers, your center director, other program staff, and then ask people they suggest. You need some basic information about the kinds of support personnel available in your program. For example:

- Is there a handicap coordinator, or a health coordinator, or a special educator, who is familiar with visual handicaps in children, and who can suggest materials, methods, and additional resources?

- Is there an educational coordinator, a director of educational services, or another classroom teacher who can help you to make any changes in your program as needed by a retarded child?

- Does the program have a social worker, a social services director, or a parent-involvement staff member who can help arrange contacts with the child's family and with resources outside the program?

- Does your program have consultants, whether from the Head Start regional office, public schools, nearby colleges or universities, community health or social services agencies, a state department of education, the State Developmental Disabilities Council, or local chapters of national associations serving visually handicapped children? (For more information on national associations, see the section in Chapter 7 on professional and parent associations.)

HEAD START PROGRAM RESOURCES

Certain components--social services, health services, educational services, handicap services, and parent involvement--are generally found in Head Start programs. Programs vary greatly, however, in the number of staff members providing these services.

In a given program, one person may be both the social services director and the parent involvement coordinator. In another program, several people may work in each component. These staff members may work part-time or full-time. They may be a part of your program or outside consultants to your program. Their job titles may vary. It often happens that people with the same title do different jobs, or that people with different titles do the same job. A job title only gives you a small clue. You will need to find out who does what, when, and where, and how you can get things going.

SOCIAL SERVICES

Social services staff (whether a full-time director, a part-time social caseworker, or a community aide) usually coordinate contacts among a child's family, the Head Start program, and outside community resources. This person (or people) can help you put together a team of specialists to work with you and a visually handicapped child in your class. When needed, the teacher and the social services person work together to arrange referrals for children and families who need diagnosis and treatment or family counseling. Social services oversee the follow-up, too, making sure appointments are made and coordinating services if several agencies are involved. It is important that you get information from the social services person about the kinds of services a child is receiving.

The social services component is an extremely valuable resource to you in your efforts to provide handicapped children with a good education in a mainstream setting.

HEALTH SERVICES

The health services component of the Head Start program must include medical, dental, mental health, and nutritional services. The people who carry out these services may work on a full-time, part-time, or consultant basis. Through the health services program, you can draw upon a number of services.

A nurse in your health services component can be helpful in communications between a child's home and your Head Start program, specifically in regard to eye health. The nurse can guide the parents into seeking treatment of eye conditions and acquaint them with preventive measures to avoid injury and infection of the eyes. He or she can also explain to parents how to make it easier for their child to use remaining vision in the most productive way. The nurse can be helpful to you in interpreting how an individual visually handicapped child sees, and in noting whether there are special precautions to be taken in any activities.

The person responsible for coordinating the health services component can draw upon a number of services outside of the program for diagnosis and treatment. This means they can help you get health information or the services of specialists for a child. For example, an opthalmologist (eye specialist) may be called upon to examine a child with vision problems, or an audiologist (hearing specialist) may be recruited to assess a child's hearing. A mental health professional such as a psychologist can diagnose mental retardation. Other specialists such as a neurologist (nervous system specialist), an occupational therapist (activities specialist), a physical therapist (movement specialist), or an otologist (ear specialist) may be consulted when necessary.

You will want to know who in your program is responsible for contacting and coordinating health service agencies, and what your relationship is with the agencies. What kinds of assistance can you expect from them? What conference arrangements are being made among team members? While some agencies are more accessible than others, all Head Start programs (no matter how large or small) have or will have access to these resources, either within the program or through outside referrals.

Be sure that the parents are completely informed of any plans for services for their child, and that they give their consent.

EDUCATIONAL SERVICES

This component supervises all aspects of the educational program, as well as in-service and career advancement training. Some programs have trainers right within the program, whereas others depend on community resources for training activities. All Head Start programs, however, should use the resources of local institutions of higher learning (junior colleges, colleges, universities, and university-affiliated facilities) that are available to them.

In many programs, the people who are responsible for educational services can provide guidance and advice to teachers in the classroom. This advice would include helping you to observe the child systematically, to assess a child's skills, and to develop and carry out an individualized education plan for a visually handicapped child. Your center's educational director should be able to help you tailor classroom activities to meet each child's needs.

PARENT INVOLVEMENT

Parent involvement, a cornerstone of Head Start, encourages family participation in all aspects of the program. Head Start believes that the gains made by a child in Head Start must be understood and built upon by the child's family and by the community. To achieve parent involvement in a child's Head Start experiences, each program works toward increasing parents' understanding of their child's needs and how to satisfy them. Project Head Start is based on the premise that successful parent involvement requires parents to participate in making decisions about the program and about what kinds of activities are most helpful and important for their child.

In some Head Start programs, the parent involvement component may be combined with social services. In others, it is a separate service. Regardless of its place in the organization of your program, the people in this component are responsible for the coordination of all activities that involve the child's family.

You probably realize that the parent involvement component is especially important for families of handicapped children. Since they have lived with the child you are trying to help, they know a great deal about their child's needs and strengths. The more the home and Head Start can exchange information and work together, the better the child will do in your class.

HANDICAP SERVICES

A handicap coordinator is responsible for supervising the mainstreaming of all handicapped children in the program. This person is usually familiar with special education methods and materials, and should be able to teach you how to use them in your classroom if you need help.

Many Head Start programs have a close working relationship with the local school system. In some programs, the handicap coordinator's position may be paid for in full or in part by the local school system. Under 1975 federal legislation, Education for All Handicapped Children Act (Public Law 94-142), local school districts must provide a free public education to all handicapped children from 3 to 21 years of age. Some states have their own special education laws, which require services for children from infancy to age five as well. You will want to learn as much as you can about these laws in your own state so that you can take advantage of the services. Your local public school director of special education is a good resource for such information.

One aspect of the Education for All Handicapped Children Act that concerns Head Start teachers and parents is its outreach component. Under the law, public school systems are required to demonstrate a practical method for identifying unserved and underserved handicapped children, so that they can receive the special services they need. Called Child Find, Child Search, or Child Identification in different states, the method varies from state to state. In some, it consists of an advertising campaign to let parents, teachers, and others know whom they should contact if they suspect a child has a handicap that has not been recognized. In other states, there is a formal program of screening and diagnosis in addition to a public awareness campaign. To take advantage of this service, which is your right under the law, call the director of special education in your local school system, the superintendent of schools in your town, or the special education section of your state's department of education.

Since the Head Start program in many states enrolls children for whom the public school system is also responsible, this means that there are many services that the school district will be able to provide for these children in your classroom, such as free diagnoses and specialists' services. The handicap coordinator or someone else in your program should be in close contact with the public schools in your community, and should know all of the resources available and how to link up with them.

WHO KNOWS ABOUT RESOURCES AND SERVICES?

The staff person in your program who is responsible for handicap services may be the best person to contact to find out about resources and services. In your community, however, there are other people who know what agencies or people provide the services you need for a child with special needs.

The special education supervisor in your public school system is one person to contact for information about local resources. It is also a good idea to contact this person to alert the school system to the special needs of a child. After all, the child will probably be starting public school after leaving Head Start.

Your local hospital may have a department called a child development unit, which deals with all sorts of developmental problems in children. Sometimes the hospitals have specialty clinics for children with visual handicaps. The services the hospital can offer will vary, depending on the staff and funds they have. But the hospital will often be able to suggest other resources for you to contact.

Some states have a University Affiliated Facility, which provides direct services to handicapped children and their families. The address for this resource is given in Chapter 7, page 00.

The Resource Access Project (RAP) in your region should be contacted. RAPs are designed to link local Head Start staff with a variety of resources to meet the special needs of handicapped children. They identify all possible sources of training and technical assistance and enlist their support in helping Head Start find and serve handicapped children. The addresses of the RAPs are given in Chapter 7, p. 00.

Often, parents of school-age handicapped children are very knowledgeable about the resources that can be tapped. Find out if your community has an organization for parents of children with visual handicaps. Religious groups in town might know, as might your local hospital.

HOW TO MAKE THE MOST OF AVAILABLE RESOURCES

You can make the most of available resources by taking the following steps:

1. Be Precise

Be precise about the help you need. For people to be helpful, they have to understand exactly what you need. You may want to discuss your problem first with other Head Start teachers and specialists, so that you end up with a clear idea of what you need to know.

2. Develop Objectives

With your team of specialists, develop objectives about what each of you wants to achieve in working with a particular handicapped child. That is, know what you're aiming for so you can plan activities to meet that aim, and so you will know when you have reached it.

3. Agree on Responsibilities

Work out together with the specialists what you expect from them and what they expect from you. People sometimes start out with different expectations--such as who's responsible for working with the child (the specialist or the teacher), or who's responsible for checking on whether the plan has worked. Responsibilities need to be spelled out so that an agreement can be reached.

4. Make Sure You Understand

Advice and explanations that don't tell you specifically what you can do for a child in your classroom leave you as stranded as you were before. If you don't understand, ask. Some specialists are used to saying things in complicated ways, and they need to be reminded to say them in plain English. Remember: advice won't do any good if you can't use it. And if you don't understand it, you can't use it.

5. Keep In Touch

Feedback on both sides is very important. You need to know what the specialists are doing for the child and how the child is progressing. The specialists need to know what the child is doing in your classroom and how the child is progressing. And everyone--the parents, the specialists, and you--needs to know what everyone else is doing, so that the services can be coordinated. Otherwise, two specialists could be providing the same services for a child, or even worse, no one could be providing them.

Feedback won't happen by itself. Plan a schedule of contacts--such as meetings and phone calls--and hold yourself and the specialists responsible for sticking to it.

6. Consider Parents Specialists

Work with parents in the same way that you work with specialists. Parents are specialists on their own child's needs, strengths, problems, likes, and dislikes. Furthermore, like working with specialists, working with parents involves agreed-upon objectives, knowing what each of you is doing, knowing how the child is progressing,and regular contact.

7. Expect a Lot

You will be working with a child who has problems that may be unfamiliar to you, and for which there are no easy solutions. This means you need to expect a lot, both from yourself and from others hired to help a child with special needs.

If you are going to get the most from resource persons both inside and outside your program, you need to be doing a great deal yourself. You need to identify the child's strengths and problems, and figure out how to modify your program accordingly. At the same time, you will have to maintain a program that is good for all the children in the classroom.

Expect a lot from the people your program has hired on a full-time, part-time, or consultant basis. Don't be impressed by their titles, backgrounds, or anything else except how helpful they really are to you, the child, and the child's family.

WHO ARE THE SPECIALISTS? WHAT DO THEY DO?

There are a number of specialists who can help you. Some may be working in your agency; others may be in your community, or geographically close enough to provide assistance. This section describes the specialists visually handicapped children are most likely to need help from, and the kinds of help they can provide. Other specialists who work with handicapped children are described in the section beginning on page 00.

SPECIAL EDUCATION CONSULTANT FOR VISUALLY HANDICAPPED CHILDREN

Local, intermediate, county, or state departments of education usually employ a specially trained teacher of visually handicapped children. This professional may be known as an itinerant teacher, resource teacher, or teacher-consultant of visually handicapped children. In most states this person is responsible for planning and implementing long-range plans for visually handicapped children.

WHAT IS DONE

Specialist teachers of visually handicapped children are prepared to:

- help in placing visually handicapped children in suitable programs
- help in planning individualized programs for visually handicapped children
- provide instruction to meet the objectives set for a visually handicapped child
- locate and provide tactual reading and listening readiness materials
- plan and provide beginning orientation and mobility instruction
- secure sound playback equipment and other instructional media on long-term loan
- help parents as well as teachers work with visually handicapped children
- speak and demonstrate at in-service education meetings

- provide informative print and non-print professional materials that are requested by staff, parents, and others

- coordinate other needed services, particularly for visually handicapped children, with additional handicaps.

OPHTHALMOLOGIST

An ophthalmologist is a medical doctor who diagnoses and treats diseases, injuries, or birth defects that affect vision. He or she may also conduct or supervise vision screening.

WHAT IS DONE

The ophthalmologist examines a child's eyes using lights, simple pictures, toys, and a variety of instruments to determine how well the child sees. Ophthalmologists use different procedures in treating children, depending on the eye condition. They may, for example, prescribe glasses and/or medication, or perform surgery. They may also be able to suggest special modifications for teaching the child (such as in materials and seating arrangements).

OPTOMETRIST

An optometrist conducts screening, prescribes and fits corrective lenses, and may recommend and provide instruction in eye exercises.

WHAT IS DONE

The optometrist measures vision to determine whether glasses are needed, tests for eye movement and muscle balance, and screens the eyes for signs of illness using lights, simple pictures, toys, and a variety of instruments.

OPTICIAN

An optician makes corrective lenses and frames. He or she advises in the selection of frames, fits the lenses prescribed by the optometrist or ophtalmologist to the frames, and fits contact lenses.

WHAT IS DONE

An optician helps select appropriate frames and takes head measurements so that he or she can fit the frames comfortably. Using the prescription from the optometrist or ophthalmologist, he or she cuts the prescribed lens to the right shape to fit the frames.

OTHER SPECIALISTS

Below is a list of other specialists who may work with handicapped and non-handicapped preschoolers.

An **AUDIOLOGIST** conducts screening and diagnosis of hearing problems, and may prescribe a hearing aid or suggest training procedures for children with hearing handicaps.

A DENTIST conducts screening, diagnosis, and treatment of the teeth and gums.

A NEUROLOGIST is a medical doctor who conducts screening, diagnosis, and treatment of brain and nervous system disorders.

A NUTRITIONIST evaluates a person's food habits and nutritional status. This specialist can provide advice about normal and therapeutic nutrition, and information about special feeding equipment and techniques to increase a person's self-feeding skills.

An OCCUPATIONAL THERAPIST plans and directs activities for promoting self-sufficiency in a handicapped child. Particular attention is paid to improving fine motor skills, such as those involved in eating, writing, and dressing.

An ORTHOPEDIST is a medical doctor who conducts screening, diagnosis, and treatment of diseases and injuries to muscles, joints, and bones.

An OTOLOGIST or ENT is a medical doctor who conducts screening, diagnosis, and treatment of ear disorders.

A PEDIATRICIAN is a medical doctor who specializes in childhood diseases and problems, and the health care of children.

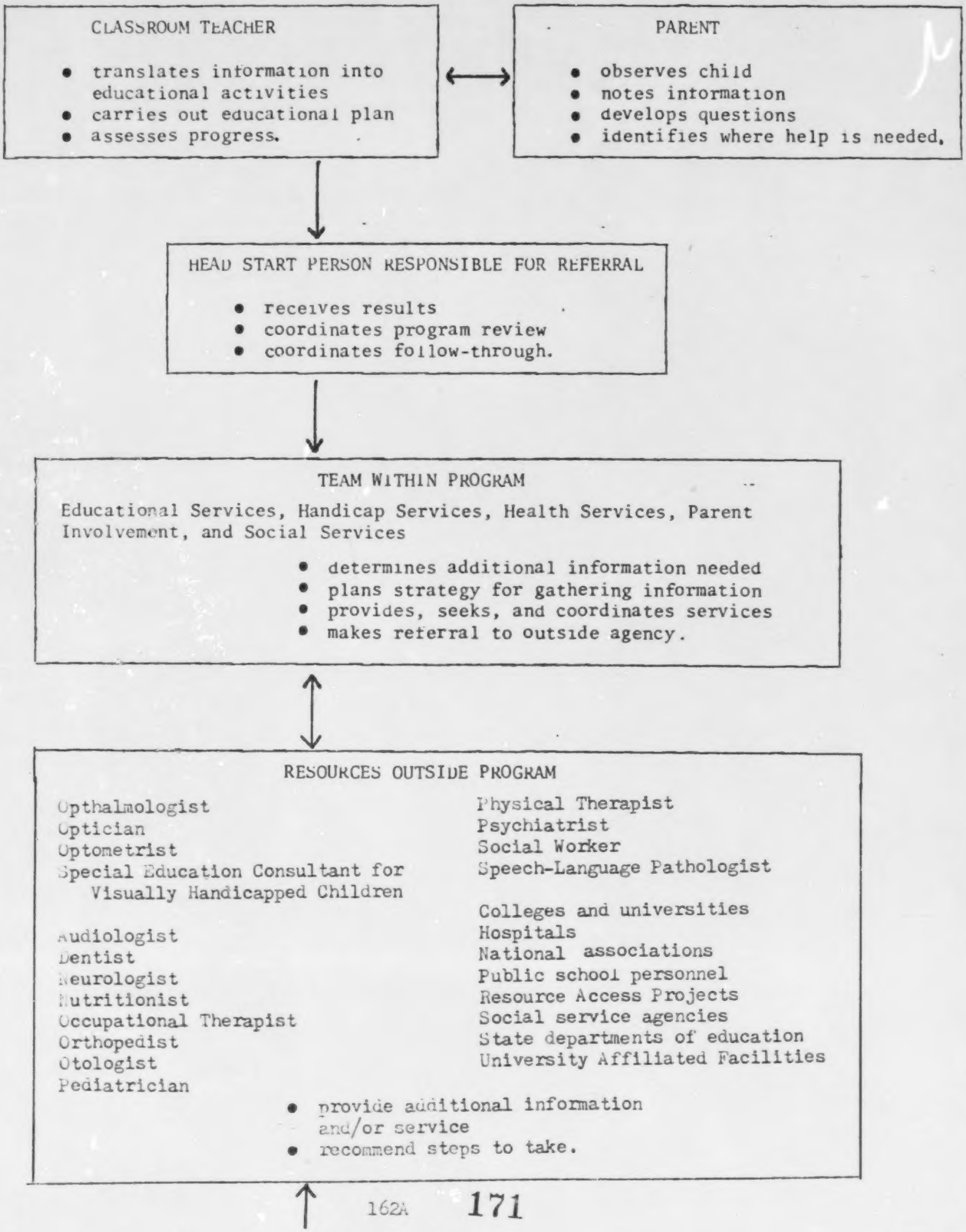
A PHYSICAL THERAPIST specializes in gross motor functions. He or she treats muscle, joint, nerve, and bone diseases or injuries.

A PSYCHIATRIST is a medical doctor who conducts screening, diagnosis, and treatment of psychological, emotional, behavioral, and developmental problems.

A SOCIAL WORKER provides services for individuals and families experiencing a variety of emotional or social problems. This may include direct counseling of an individual, family, or group; advocacy; and consultation with preschool programs, schools, clinics, or social agencies.

A SPEECH-LANGUAGE PATHOLOGIST conducts screening, diagnosis, and treatment of speech and language problems. This specialist may also be called a speech clinician or speech therapist.

USING LOCAL RESOURCES FOR MAINSTREAMING HANDICAPPED CHILDREN



CLASSROOM TEACHER

- translates information into educational activities
- carries out educational plan
- assesses progress.

PARENT

- observes child
- notes information
- develops questions
- identifies where help is needed.

HEAD START PERSON RESPONSIBLE FOR REFERRAL

- receives results
- coordinates program review
- coordinates follow-through.

TEAM WITHIN PROGRAM

Educational Services, Handicap Services, Health Services, Parent Involvement, and Social Services

- determines additional information needed
- plans strategy for gathering information
- provides, seeks, and coordinates services
- makes referral to outside agency.

RESOURCES OUTSIDE PROGRAM

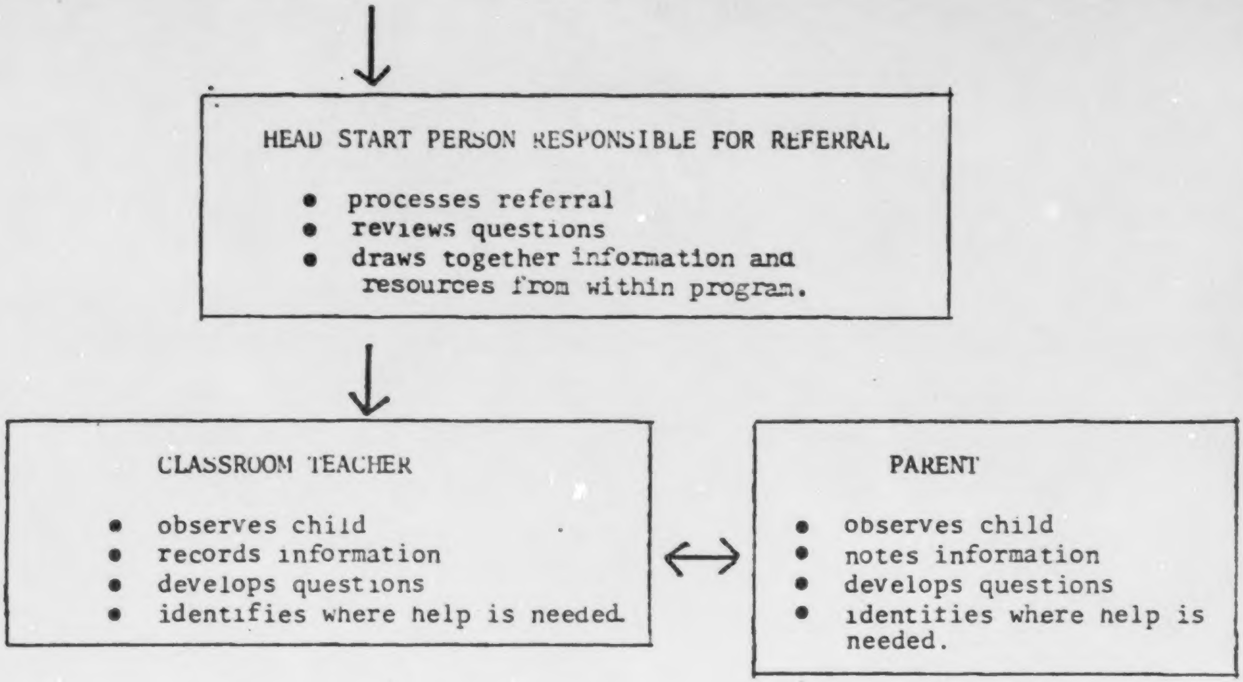
Opthalmologist
Optician
Optometrist
Special Education Consultant for
  Visually Handicapped Children

Audiologist
Dentist
Neurologist
Nutritionist
Occupational Therapist
Orthopedist
Otologist
Pediatrician

Physical Therapist
Psychiatrist
Social Worker
Speech-Language Pathologist

Colleges and universities
Hospitals
National associations
Public school personnel
Resource Access Projects
Social service agencies
State departments of education
University Affiliated Facilities

- provide additional information and/or service
- recommend steps to take.



HEAD START PERSON RESPONSIBLE FOR REFERRAL

- processes referral
- reviews questions
- draws together information and resources from within program.

CLASSROOM TEACHER

- observes child
- records information
- develops questions
- identifies where help is needed.

PARENT

- observes child
- notes information
- develops questions
- identities where help is needed.

CHAPTER 7: OTHER SOURCES OF HELP

In addition to the specialists in your program, community, or region, there are other sources of help you can draw on to assist you with children who are visually handicapped. Listed here are selected references for parents and teachers of preschool visually handicapped children. Included are:

- professional and parent associations concerned with visually handicapped children
- public and private agencies offering special services
- information centers
- a bibliography of helpful books
- materials resources.

PROFESSIONAL AND PARENT ASSOCIATIONS, AND OTHER ORGANIZATIONS

Following is a list of associations that are particularly useful for teachers and parents of visually handicapped children. For each association, we have listed their national addresses, whether they have local branches, what they do, and how they can help you.

AMERICAN ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION AND RECREATION

This association's unit on Programs for the Handicapped is concerned with adapted and corrective physical education; health and safety problems of the impaired, disabled, and handicapped; recreation for the ill and the handicapped; and therapeutic recreation. Printed materials include catalogs of play/recreational materials and manuals of ideas for preschool visually handicapped children. For more information, contact:

American Association for Health, Physical Education and Recreation
Programs for the Handicapped
1201 16th Street, N.W.
Washington, D.C. 20036

AMERICAN FOUNDATION FOR THE BLIND

The foundation is a private, national organization whose objective is to help those who are visually handicapped to achieve the fullest possible development and utilization of their capacities, and integration into the social, cultural, and economic life of the community. The organization serves as a clearinghouse for information about visual handicaps. On-going programs include the manufacture of talking books, aids and appliances for visually handicapped people, public education through all media, and maintaining a library for lending and bibliographic purposes.

The foundation has no local branches. A number of films and publications are available, including the Directory of Agencies Serving the Visually Handicapped in the U.S. The directory also lists by state the superintendents and locations of public and private residential schools for the visually handicapped, and the directors of special education in local, intermediate, and county public schools. These directors can put you in touch with local, intermediate, or county itinerant/resource teachers of visually handicapped children.

For a list of films and publications, or more information, write:

American Foundation for the Blind, Inc.
15 West 16th Street
New York, New York 10011

AMERICAN OPTOMETRIC ASSOCIATION

This association of optometrists has the following objectives: to improve the vision care and health of the public, and to promote the art and science of optometry. The AOA conducts a public education program. Literature is available upon request.

There are hundreds of local branches of the AOA. For more information write to:

American Optometric Association
7000 Chippewa Street
St. Louis, Missouri 63119

AMERICAN PRINTING HOUSE FOR THE BLIND

This non-profit organization seeks to provide literature and appliances for those who are visually handicapped. It publishes and distributes embossed books, books in large type, recorded materials, braille and talking books, and other educational aids. Catalogs and informational brochures are available. Write to:

American Printing House for the Blind, Inc.
1839 Frankfort Avenue
Louisville, Kentucky 40206

ASSOCIATION FOR THE EDUCATION OF THE VISUALLY HANDICAPPED

The association is an organization of teachers, administrators, parents, houseparents of blind children, schools, and others interested in the education, guidance, vocational rehabilitation, or occupational placement of blind and partially seeing persons. The organization assists in efforts to improve materials and methods of teaching visually handicapped persons. The organization's activities include cooperation with colleges and universities in training institutes and workshops.

There are regional groups of the AEVH. For more information write to:

Association for the Education of the Visually Handicapped
919 Walnut Street
Philadelphia, Pennsylvania 19107

CLOSER LOOK

Funded through the Bureau of Education for the Handicapped, U.S. Office of Education, this special project attempts to provide bridges between parents and services for handicapped children, and to help parents become advocates for comprehensive services for their own handicapped child as well as for others. Closer Look publishes a newsletter about handicaps and new programs, as well as information of special interest to parents. The staff will also respond to questions that you may have. The newsletters and information are free. By writing to them you can be added to their mailing list.

This organization has regional branches. For more information write to:

Closer Look
Box 1492
Washington, D.C. 20013

COUNCIL FOR EXCEPTIONAL CHILDREN: DIVISION OF VISUALLY HANDICAPPED

This division is concerned with teaching children who are visually handicapped, and with training special education teachers to be more effective. CEC and this division publish low-cost informational materials of interest to professionals and parents. There are hundreds of local groups of the CEC.

CEC has local chapters. For more information write to:

Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

COUNCIL FOR EXCEPTIONAL CHILDREN INFORMATION CENTER

The center provides abstracts of current research and bibliographies of information currently available in publications and nonprint media. It also provides annotated listings of agencies that serve exceptional children and their families. Contact:

Council for Exceptional Children Information Center
1920 Association Drive
Reston, Virginia 22091

DELTA GAMMA FOUNDATION OF THE DELTA GAMMA FRATERNITY

Supported by contributions from Delta Gamma Fraternity groups and individuals, this foundation conducts the Delta Gamma Project on Sight Conservation and Aid to the Blind. The project promotes local community service by members through direct sponsorship or in cooperation with agencies, and is active in preschool vision screening programs. The foundation serves both the United States and Canada. Headquarters are located at:

Delta Gamma Foundation of the Delta Gamma Fraternity
3250 Riverside Drive
P.O. Box 5897
Columbus, Ohio 43221

INSTRUCTIONAL MATERIALS CENTERS

These centers have media and materials suitable for use with visually handicapped children. Often the director or staff of the center can demonstrate materials, suggest especially good materials, and consult with you about your needs.

To find out about a Center, contact the Resource Access Project in your region, directors of special education in your state department of education, or colleges and universities' special education departments.

LIBRARY OF CONGRESS DIVISION FOR THE BLIND AND PHYSICALLY HANDICAPPED

The Division for the Blind and Physically Handicapped administers a national program providing free library service to persons who are unable to read standard print materials because of visual or physical impairment. Books and magazines in recorded and braille formats are produced and distributed to a network of 140 cooperating regional and subregional libraries throughout the United States. Some of their principal publications are Talking Book Topics (periodical), DBPH News (newsletter), and Volunteers Who Produce Books (directory). A variety of brochures, reference circulars, and other informational materials are also published.

For more information, contact:

Library of Congress
Division for the Blind and Physically Handicapped
Reference Department
Washington, D.C. 20542

LIONS INTERNATIONAL

This is an international association of local clubs that provide community service and promote better international relations. One of their major service activities is sight conservation and work for the visually handicapped.

To find the club nearest you, check in your telephone book, or write:

Lions International
209 North Michigan Avenue
Chicago, Illinois 60601

NATIONAL ACCREDITATION COUNCIL FOR AGENCIES SERVING THE BLIND AND VISUALLY HANDICAPPED

The council sets standards for programs serving the visually handicapped, including preschool. It also evaluates and accredits those that meet and maintain the standards. Publications include a list of accredited agencies and schools. For more information, write to:

National Accreditation Council for Agencies Serving
the Blind and Visually Handicapped
79 Madison Avenue
New York, New York 10016

NATIONAL CENTER FOR LAW AND THE HANDICAPPED

This organization was established to ensure equal protection under the law for handicapped people. It participates in selected court cases by consulting with the lawyers of handicapped people whose rights may have been violated. Sometimes NCLH provides a lawyer for a handicapped person. The staff can answer questions and provide information about legal issues affecting children who are visually handicapped.

For more information write to:

National Center for Law and the Handicapped, Inc.
1235 North Eddy Street
South Bend, Indiana 46617

NATIONAL CENTER ON EDUCATIONAL MEDIA AND MATERIALS FOR THE HANDICAPPED

This center is a federally funded clearinghouse that catalogs and evaluates materials and media being produced for and about persons with handicaps. The staff may be able to help you locate materials, or put you in touch with an Instructional Materials Center in your area.

For more information write to:

National Center on Educational Media and Materials
for the Handicapped
Ohio State University
Columbus, Ohio 43210

NATIONAL FEDERATION OF THE BLIND

The purpose of this organization is the complete integration of blind people into society as equal members. This objective involves the removal of legal, economic, and social discriminations and the education of the public to new concepts concerning blindness. The federation conducts a variety of programs and activities, and publishes the Braille Monitor once a month in braille, in print, and on record. You can obtain this publication free of cost by writing:

National Federation of the Blind
Suite 212, 1346 Connecticut Ave., N.W.
Washington, D.C. 20036

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS, INC.

The society is engaged in a comprehensive program of community service, publications, public information, lay and professional education, and basic clinical and operational research on visual handicaps. Services include promotion and support of local glaucoma detection programs, preschool vision screening programs, and professional education programs for health educators, teachers, and nurses. Three quarterly publications are available, as well as informational brochures, films, and charts.

For a list of publications and films or other information, write to:

National Society for the Prevention of Blindness, Inc.
79 Madison Avenue
New York, New York 10016

RESOURCE ACCESS PROJECTS

Resource Access Projects (RAPs) are designed to link local Head Start staff with a variety of resources to meet the special needs of handicapped children. They function as brokers, facilitating the delivery of training and technical assistance to meet local Head Start program needs in the area of services to handicapped children. While the RAPs will assist local grantees in determining and meeting their needs in the area of handicapped services, the cost of any required training or technical assistance must be borne by the grantee and/or the resource provider.

RAPs have been established to identify all possible sources of training and technical assistance, and to enlist their support in helping Head Start find and serve handicapped children. Examples of resources include public health departments, community mental health centers, speech and hearing clinics, developmental disabilities councils, universities and colleges, professional associations, and private providers of training, technical assistance, materials and equipment.

DHEW Region	States Served	Resource Access Project (RAP)
I	Maine New Hampshire Vermont Connecticut Massachusetts Rhode Island	Education Development Center, Inc. 55 Chapel Street Newton, Massachusetts 02160
II	New York New Jersey Puerto Rico Virgin Islands	New York University School of Continuing Education 3 Washington Square Village, Apt. 1M New York, New York 10012
III	Pennsylvania West Virginia Virginia Delaware Maryland District of Columbia	PUSH/RAP Mineral Street Annex Keyser, West Virginia 26726
IV	North Carolina South Carolina Georgia Florida Mississippi	Chapel Hill Training Outreach Project Lincoln School Merritt Mill Road Chapel Hill, North Carolina 27514
	Kentucky Tennessee Alabama	The Urban Observatory 1101 17th Avenue, South Nashville, Tennessee 37212
V	Illinois Indiana Ohio	University of Illinois Colonel Wolfe Preschool 403 East Healey Champaign, Illinois 61820
	Minnesota Wisconsin Michigan	Portage Project Resource Access Project 412 East Slifer Street P.O. Box 564 Portage, Wisconsin 53901

DHEW Region	States Served	Resource Access Project (RAP)
VI	Texas Louisiana Oklahoma Arkansas New Mexico	Bernalillo County Mental Health/Mental Retardation Center 2600 Marble, N.E. Albuquerque, New Mexico 87106
VII	Missouri Kansas Iowa Nebraska	University of Kansas City Medical Center Children's Rehabilitation Unit 39th & Rainbow Blvd. Kansas City, Kansas 66103
VIII	Colorado North Dakota South Dakota Montana Utah Wyoming	Mile High Consortium Hampden East I-Room 215 8000 East Girard Avenue Denver, Colorado 80231
IX	California Arizona Hawaii Nevada Pacific Trust Territories	Los Angeles Unified School District Special Education Division 450 North Grand Avenue Los Angeles, California 90012
X	Washington Oregon Idaho	University of Washington Experimental Education Unit Seattle, Washington 98195
	Alaska	Easter Seal Society for Alaska Crippled Children and Adults 726 E. Street Anchorage, Alaska 99501

STATE DEPARTMENTS OF EDUCATION/PUBLIC INSTRUCTION

These departments are often based at state capitals throughout the United States. They can provide information on local consultant resource personnel, personnel at the state residential school for the visually handicapped, and policies regarding consultation and instruction of preschool children in Head Start programs. The departments may also provide direct consultation services. For more information, contact your state department of education.

TELEPHONE PIONEERS OF AMERICA

This is an organization of active and retired employees of Telephone Industries. Members do various kinds of community service work through local chapters, including work related to the needs of preschool-aged children with visual handicaps. For more information, contact:

Telephone Pioneers of America
Supervisor, Community Service Activities
195 Broadway
New York, New York 10007

UNIVERSITY TRAINING PROGRAMS

Specialists in the education of visually handicapped children can be contacted at the following University locations. Some of these programs prepare teachers of visually handicapped infants and preschoolers. They may be a resource for consultant/instructional assistance. Write to the Coordinator, Education of the Visually Handicapped:

University of Arizona (Tucson, Arizona)
California State University at Los Angeles (Los Angeles, California)
San Francisco State University (San Francisco, California)
University of Northern Colorado (Greeley, Colorado)
Florida State University (Tallahassee, Florida)
Northern Illinois University (DeKalb, Illinois)
Illinois State University (Normal, Illinois)
University of Louisville (Louisville, Kentucky)
Boston College (Boston, Massachusetts)
University of Michigan (Ann Arbor, Michigan)
Wayne State University (Detroit, Michigan)
Michigan State University (East Lansing, Michigan)
Eastern Michigan University (Ypsilanti, Michigan)
Dominican College of Blauvelt (Blauvelt, New York)
Teachers College, Columbia University, (New York, New York)
Hunter College of the City University of New York (New York, New York)
Ohio State University (Columbus, Ohio)
Portland State University (Portland, Oregon)
Kutztown State College (Kutztown, Pennsylvania)
Temple University (Philadelphia, Pennsylvania)
University of Pittsburgh (Pittsburgh, Pennsylvania)
University of Puerto Rico (Rio Piedras, Puerto Rico)
Northern State College (Aberdeen, South Dakota)
George Peabody College for Teachers (Nashville, Tennessee)
University of Houston (Houston, Texas)
University of Texas (Austin, Texas)
University of Virginia (Charlottesville, Virginia)

BIBLIOGRAPHY

Many books have been published on children with visual handicaps. It is not possible to list all of them here, but the ones mentioned are especially good for understanding visual handicaps and for helping you work with children with vision problems.

BOOKS ABOUT VISUAL HANDICAPS

Barraga, Natalie. *Visual Handicaps and Learning: A Developmental Approach*. Belmont, Calif.: Wadsworth Publishing Company, 1976.

Intended for special education students and vision and/or eye specialists, this 113 page booklet emphasizes developmental and learning processes with discussions centered on how affective, psychomotor, and cognitive responses are influenced by the type and extent of visual handicap. Among the topics covered are the multiply impaired; tactual, auditory, and visual development and learning; differential programming and educational media; and assessment.

Bryan, Dorothy. *Guide for Parents of Preschool Visually Handicapped Children*. Available from the Illinois State Board of Education, Office of Education, 100 North First Street, Springfield, Illinois 62777.

A useful guide for parents and teachers, this book provides information on attitudes, sleeping and eating habits, sitting, crawling, walking, toilet training, dressing, toys and play, activities and behavior, and school readiness.

Dickman, Irving R. What Can We Do About Limited Vision? Public Affairs Pamphlet No. 491. Available from Public Affairs Pamphlets, 381 Park Avenue South, New York, New York 10016.

This pamphlet offers medical and other types of information on the effects of limited vision on persons of all ages. Brief, clear, and informative.

Farkas, Susan C. When It's Hard To See. (1975) Available from Prince George's County Public Schools, Capitol Heights Special Center, 6037 Central Avenue, Capitol Heights, Maryland 20027.

A well-illustrated pamphlet describing the world as seen and experienced by visually handicapped children.

Halliday, Carol, and Kurzhals, Ina. Stimulating Environments for Children Who Are Visually Impaired. Springfield, Ill.: Charles C. Thomas, 1976.

This short book offers ideas for parents, teachers, and others to use in helping visually handicapped children learn more efficiently from home or school experience.

Is Your Child Blind? Available from the American Foundation for the Blind, Inc., 15 West 16th Street, New York, New York 10011.

Parents who have just learned of a visual handicap in their child will find this book highly supportive. It contains suggestions for aiding a child's optimum growth, development, and emotional security from infancy through the preschool years. It is available free upon request.

Lowenfeld, Berthold. Our Blind Children: Growing and Learning with Them. 3rd ed. Springfield, Ill.: Charles C. Thomas, 1977.

A sensitive book offering comprehensive practical advice to parents and teachers of visually handicapped children who are in preschool or kindergarten.

Ulrich, Sharon. Elizabeth. Ann Arbor, Michigan: University of Michigan Press, 1972.

This is a mother's story of her blind daughter's first five years and the counseling suggestions she received from the University of Michigan Child Development Project. A concluding chapter, written by a research psychologist, contains an interpretation of early development in blind children.

GUIDES TO TEACHING AND CLASSROOM ACTIVITIES

Alonso, Lou. "What the Teacher Can Do for the Child with Impaired Vision," *National Education Association Journal*, November 1967, *56*, 42-43.

Practical suggestions for teachers who are seeking to mainstream visually handicapped children in their regular classes.

Barraga, Natalie; Dorward, Barbara; and Ford, Peggy. *Aids for Teaching Basic Concepts of Sensory Development*. Available from American Printing House for the Blind, 1839 Frankfort Avenue, Louisville, Kentucky 40206.

A manual of teaching aids and how to construct them.

Cleary, Margaret E. *Please Know Me As I Am: A Guide to Helping Children Understand the Child With Special Needs*. Available from Sudbury Public Schools, Sudbury, Massachusetts 01776.

A resource guide for teachers containing ideas for helping non-handicapped children accept handicapped children in integrated classrooms.

D'Audney, Weslee, ed. Giving a Head Start to Parents of the Handicapped (1976). Available from Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Nebraska 68105.

This manual is designed primarily to help Head Start teachers provide support and encouragement to parents of children with handicaps. It discusses subjects such as the value of mainstreaming, legal rights of the handicapped and their families, and the dangers of labeling. It also provides specific suggestions for working with parents of special needs children, including those with visual handicaps.

Dorward, Barbara, and Barraga, Natalie. Teaching Aids for Blind and Visually Limited Children. Available from the American Foundation for the Blind, 15 West 16th Street, New York, New York 10011.

A book of directions for the construction of educational aids designed to develop physical and mental capabilities in blind and low vision children.

Exceptional Parent Magazine, Psy-Ed. Corporation, 20 Providence Street, Room 708, Statler Office Building, Boston, Massachusetts 02116.

Addressed to the parents and teachers of handicapped youngsters and adults, this magazine has many articles of interest, including "how to," "what to do," and "where to get help." For a subscription write to Exceptional Parent, P.O. Box 641, Penacook, New Hampshire 03301.

Gearhart, Bill R., and Weishahn, Mel W. The Handicapped Child in the Regular Classroom. St. Louis, Mo.: C.V. Mosby Co., 1976.

Written for teachers of school-age children, this book provides a well-written chapter on each type of handicap, including visual handicaps. A good resource book for Head Start teachers.

Groves, Doris, and Griffith, Carolynn. Guiding the Development of the Young Visually Handicapped (1969). Available from Ohio School for the Blind, 5220 North High Street, Columbus, Ohio 43085.

A selected list of sensory training activities designed to facilitate the learning of visually handicapped children, listed by age level. Useful for parents and teachers.

Halliday, Carol. The Visually Impaired Child--Growth, Learning, Development: Infancy to School Age (1970). Available from the American Printing House for the Blind, 1839 Frankfort Avenue, Louisville, Kentucky 40206.

A practical guide for teachers and parents regarding the care, training, and instruction of visually handicapped preschoolers. Organized on a developmental basis, it gives specific suggestions regarding activities and learning materials.

The Handbook for Parents of Preschool Blind Children. Available from the Minister of Education, Ontario, Queens Park, Toronto, Ontario.

This is a useful book of ideas for parents and teachers of visually handicapped preschoolers.

Karnes, Merle. Helping Young Children Develop Language Skills: A Book of Activities (1973). Available from the Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091.

Contains games, stories, projects, and other activities for teachers to use when working to improve language skills in children. It is based on the subtests of the Illinois Test of Psycholinguistic Abilities.

Moor, Pauline, M. Toilet Habits: Suggestions for Training a Child Who Is Blind (1951). Available from the American Foundation for the Blind, 15 West 16th Street, New York, New York 10011.

Learning without visual imitation is an achievement requiring time, patience, and understanding on the part of both parents and child. This pamphlet provides concrete suggestions to parents who are helping their visually handicapped child learn toilet habits. Free upon request from the American Foundation for the Blind.

Naughton, Franziska, and Sacks, Sharon. Hey, What's Cooking? The Kitchen Curriculum for Parents of Visually Impaired Children. Available from the South Metropolitan Association for Low Incidence Handicapped, 250 Sibley Blvd., Dolton, P.O. Harvey, Illinois 60426.

An excellent short resource booklet to help parents work with their child when they are engaging in regular activities in the kitchen. It includes activities for children aged three months to twelve years.

O'Brien, Rosemary. Alive...Aware...A Person: A Developmental Model for Early Childhood Services with Special Definition for Visually Impaired Children and Their Parents (1976). Available from Montgomery Public Schools, Rockville, Maryland 20852.

This manual incorporates assessment with teaching activities and criteria for achievement. Special activities for visually handicapped children work on vision stimulation, language development, and braille readiness.

The Portage Guide to Early Education, rev. ed. Portage, Wis.: Cooperative Educational Service Agency No. 12, 1976.

This guide is in three parts: a checklist of skills for determining an individual child's progress, a card file listing activities that can be used to teach these skills, and a manual of directions for conducting the activities. The areas concerned in the program are: infant stimulation, socialization, language, self-help, cognitive skills, and motor skills. The activities should be used in conjunction with "The Portage Guide to Early Education Checklist," available from the same address. Also available is The Portage Project Handbook for Parents and Teachers.

Preschool Learning Activities for the Visually Impaired Child: A Guide for Parents (1975). Available from the Illinois State Board of Education, 100 North First Street, Springfield, Illinois 62777.

A comprehensive, illustrated listing of games and activities for parents and teachers to use in helping visually handicapped children develop and gain skills in independence.

Project Vision-Up. Idaho State School for the Deaf and Blind, 14th Avenue and Main Street, Gooding, Idaho 83330, 1976.

A comprehensive curriculum, developmentally oriented, showing how to evaluate skills, and how to use ideas, activities, and materials to teach each skill. Also included are techniques for re-teaching and remediation. Its file-system format makes it easy to use.

Raynor, Shirley, and Drouillard, Richard. *Get a Wiggle On* (1975) and *Move It* (1977). Edited by Lou Alonso. Available from the Ingham Intermediate School District, Mason, Michigan 48854.

These two booklets are designed for people who have contact with visually handicapped children. *Get a Wiggle On* discusses visually handicapped infants (from birth to walking age). *Move It* discusses visually handicapped preschoolers (from walking age to school age). Both books provide helpful suggestions on how to assist visually handicapped children early in their lives to grow and learn like other children.

Southwest Educational Development Laboratory. *How to Fill Your Toy Shelves Without Emptying Your Pocketbook: 70 Inexpensive Things to Do or Make* (1976). Available from the Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091.

A collection of games, activities, and instructions for making manipulative learning equipment from inexpensive and recycled materials for use with preschool handicapped and non-handicapped children. For home use by parents as well as for classroom use. Contents are grouped by sensory modality: visual, auditory, fine motor, gross motor, touch and smell, and language and concept development. Also available in Spanish.

Taylor, Billie M. Blind Preschool: A Manual for Parents and Educators (1974). Available from Industrial Printers of Colorado, Inc., Colorado Springs, Colorado 80901.

The mother of a visually handicapped girl wrote this manual to help parents and teachers assist visually handicapped children in their development and adjustment.

Teaching Exceptional Children. The Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091.

This quarterly magazine provides many ideas for working with exceptional preschool children. For a subscription, write to the Publications Department, The Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091.

GUIDES TO OTHER RESOURCES

Bauman, Mary, ed. Blindness, Visual Impairment, Deaf-Blindness: An Annotated Listing of the Literature, 1953-75. Philadelphia: Temple University Press, 1976.

Section 6 (pages 62-87) provides a useful and comprehensive listing of literature relating to parents and young visually handicapped children.

Calovini, Gloria. Toys for Early Development of the Young Blind Child. Available from the Illinois State Board of Education, Office of Education, 100 North First Street, Springfield, Illinois 62777.

A description of three kits of commercially available toys that parents can use with three age groups of preschool visually handicapped children.

Planning Programs and Activities for Infants and Toddlers: A Bibliography (1975). Available from TADS, 500 NCNB Plaza, Chapel Hill, North Carolina 27514.

A listing of practical references and resources for teachers and administrators of handicapped children. While written for preschoolers in general, it is an excellent resource for working with visually handicapped children.

MATERIALS RESOURCES

Listed in this section are companies that offer adapted materials for sale or loan.

AMERICAN PRINTING HOUSE FOR THE BLIND

This company develops and sells the following types of adapted materials for preschool visually handicapped children:

- sensory stimulation kit
- tactual reading readiness materials
- low vision readiness materials
- preschool play materials.

They are located at 1839 Frankfort Avenue, Louisville, Kentucky 40402.

CHRISTIAN RECORD BRAILLE FOUNDATION, INC.

CRBF supplies blind parents of sighted preschoolers, libraries, and agencies with Full Vision Books (braille superimposed on regular books) free of charge. Write to them at 4444 South 52nd Street, Lincoln, Nebraska 68506.

HOWE PRESS OF PERKINS SCHOOL FOR THE BLIND

Howe Press manufactures for sale braille-vision books (braille superimposed on regular books) for preschoolers. Also available is the Braille

Fragrance Book Series. They are located at 175 North Beacon Street, Watertown, Massachusetts 02172.

TOUCH AIDS

This company adapts materials for visually handicapped children. For a catalog, write to Touch-Aids, 1790 South Juniper Street, Escondido, California 92025.

TOUCH, INC.

Touch, Inc. provides adapted materials for children with visual handicaps. To find out about them, write to P.O. Box 1711, Albany, New York 12201.

TWIN VISION BOOKS

This company embosses braille on regular storybooks. Write to them at 18432 Topham Street, Suite 210, Tarzana, California 91356.

VISION CENTER

Vision Center offers adapted materials for visually handicapped children. The company is located at 1393 North High Street, Columbus, Ohio 43201.

APPENDIX

TESTS

Some Head Start programs conduct continual informal and formal developmental assessments of their children, including those who are visually handicapped. Assessment information is useful when it provides a base on which you and the parents can plan a child's educational program. The use of scales, inventories, diagnostic tests, and observations reveal a child's strengths and weaknesses in the developmental areas of gross motor, fine motor, speech and language, self-care, social, and cognitive skills. Ideally, you and the parents should work together to obtain necessary information on what a child can do and where his or her present needs lie, by recording and discussing direct observations of the child at home and at school. In some cases, however, you may have to interview parents to get this information.

It is important to realize that when a visually handicapped child achieves low scores on inventories or tests, it may mean simply that the child lacked opportunities for specific experiences (usually those related to meaningful language development, and orientation and mobility). Low scores alone do not indicate mental retardation in children with visual handicaps, nor are they reliable indicators of a child's potential. Scores only establish a child's current level of development, indicate the child's strengths and weaknesses, and point up needs for learning.

These learning needs can then be translated into home and preschool activities and experiences, with continuing reassessment and remediation.

The following is a listing of available tests suitable for visually handicapped preschoolers. We wish to express our thanks to Geraldine T. Scholl, Ronald Schnur, and their publisher, the American Foundation for the Blind, for allowing us to include their selected and annotated list of tests. The sources of the standardized tests and references to materials describing the use of the tests with preschool visually handicapped children may be found in Scholl and Schnur's Measures of Psychological, Vocational and Educational Functioning in the Blind and Visually Handicapped (New York: American Foundation for the Blind, 1976), pages 43-47.

DIAGNOSTIC TESTS

Diagnostic tests take an in-depth look at a child's skills in particular areas. The information they provide is helpful in varying degrees to teachers who are planning an individualized program for a child. Diagnostic tests are generally administered and interpreted by educational diagnosticians or psychologists.

The Bayley Infant Scales assess the mental, motor, and social development of very young children (2 months through 2½ years). Parts of this test can be used with visually handicapped children.

The *Cattell Infant Intelligence Scale* is a modified version of the Stanford-Binet Intelligence Scale, designed for use with children aged 3 months through 2½ years. Items from this test can be used with both blind children (those with little or no vision) and deaf-blind children.

The *Columbia Mental Maturity Scale* is designed for use with children who have a mental age of 2½ to 17 years. The test consists of 100 cards with pictures or designs. Portions of this test can be used with preschool visually handicapped children.

The *Gesell Developmental Schedules* assess a child's level of development in four areas: motor behavior, adaptive behavior, language behavior, and personal-social behavior. Parts of these schedules can be used with blind and deaf-blind children. Scholl and Schnur caution that the standardization for the schedules is based on middle socio-economic status, white, non-handicapped children.

The *Grace Arthur Point Scale of Performance Tests* (Revised Form II) is a collection of performance tasks for ages 4½ through adult, including formboards, mazes, and block designs. Items from these tests can be used with young children with little or no vision.

The *Merrill-Palmer Scale* is a developmental measure for children aged two through four. It is made up of 38 short subtests, most of which tap perceptual and motor skills and some of which can be used with preschool children with little or no vision.

The Minnesota Preschool Scale is a test consisting of 26 short subtests somewhat similar to those in the Stanford-Binet Intelligence Scale, some of which can be used with preschool visually handicapped children.

The Nebraska Test of Learning Aptitude (Hiskey-Nebraska) is standardized for deaf and hard-of-hearing children aged four through ten. The test consists largely of performance tasks such as bead stringing, paper folding, puzzle blocks, and pictorial analogies. Some of the performance tasks can be used with partially sighted preschoolers.

ADAPTIVE BEHAVIOR TESTS

Each of the following measures of social competency consists of a behavioral checklist of developmentally scaled items relating to areas of development:

- Vineland Social Maturity Scale
- Maxfield-Fjeld Tentative Adaptation of the Vineland Social Maturity Scale
- Maxfield-Buchholz Social Maturity Scale for Blind Preschool Children
- Overbrook Social Competency Scale

These checklists are normally filled in by someone who is familiar with the child, such as a parent. Early items of these measures are largely physical (reaching, grasping, rolling over), while later items proceed to the advanced social behavior expected at later ages. The Vineland was standardized on a non-handicapped population aged 0-25. The Maxfield-Fjeld, the first adaptation of the Vineland for the visually handicapped, was succeeded in 1958 by the Maxfield-Buchholz scale, which is a standardized measure of social competency in blind preschoolers from infancy to age six. The Overbrook scale is an upward extension of the Maxfield-Buchholz. Still under development, the Overbrook is designed to provide norms for the visually handicapped population aged six through adult. All of these tests give a general idea of a child's social development.

INTELLIGENCE TESTS

Tests of intelligence measure a child's general information and ability to solve problems by comparing the child with other children of the same age. The results are often reported in terms of an IQ (intelligence quotient). An IQ is never useful in developing the child's day-to-day classroom program, but it may be useful in identifying the child's performance relative to other children of the same age.

These tests should be administered by psychologists who have experience in testing young children, and who recognize the limitations of using such tests with young children from minority groups or low-income backgrounds.

In *Subtests of Evaluative Instruments Applicable for Use with Preschool Visually Handicapped Children* (Educational Media and Information Service, 1020 South Spring Street, Springfield, Illinois 62706), authors Bonnie Bullard and Natalie Barraga cite specific subtests that may be used with children with little or no vision and those with "impaired but useful vision": these are subtests of the Stanford-Binet, Wechsler Preschool and Primary Scale of Intelligence, and Wechsler Intelligence Scales for Children. Since several of the subtests require normal visual acuity, you cannot get a valid *overall* score for a visually handicapped child from any of these tests.

Bullard and Barraga's publication also specifies the subtests of the following diagnostic tests for use with visually handicapped children: Merrill-Palmer, Grace Arthur, Hiskey-Nebraska, Columbia Mental Maturity, and the Illinois Test of Psycho-Linguistic Abilities.

CHART OF NORMAL DEVELOPMENT: INFANCY TO SIX YEARS OF AGE

The chart of normal development on the next few pages presents children's achievements from infancy to six years of age in five areas:

motor skills (gross and fine motor)
intellectual skills
self-help skills
social skills
communication skills (understanding language and spoken language).

In each skill area, the age at which each milestone is reached on the average is also presented. This information is useful if you have a child in your class who you suspect is seriously delayed in one or more skill areas.

However, it is important to remember that these milestones are only average. From the moment of birth, each child is a distinct individual, and develops in his or her unique manner. No two children have ever reached all the same developmental milestones at the exact same ages. The examples that follow show what we mean.

> By nine months of age, Gi Lin had spent much of her time scooting around on her hands and tummy, making no effort to crawl. After about a week of pulling herself up on

chairs and table legs, she let go and started to walk on her own. Gi Lin skipped the crawling stage entirely and scarcely said more than a few sounds until she was 15 months old. But she walked with ease and skill by 9½ months.

Marcus learned to crawl on all fours very early, and continued crawling until he was nearly 18 months old, when he started to walk. However, he said single words and used two-word phrases meaningfully before his first birthday. A talking, crawling baby is quite a sight!

Molly worried her parents by saying scarcely a word, although she managed to make her needs known with sounds and gestures. Shortly after her second birthday, Molly suddenly began talking in two- to four-word phrases and sentences. She was never again a quiet child.

All three children were healthy and normal. By the time they were three years old, there were no major differences among them in walking or talking. They had simply developed in their own ways and at their own rates. Some children seem to concentrate on one thing at a time -- learning to crawl, to walk, or to talk. Other children develop across areas at a more even rate.

As you read the chart of normal development, remember that children don't read the baby books. They don't know they're supposed to be able to point out Daddy when they are a year old, or copy a circle in their third year. And even if they could read the baby books, they probably wouldn't follow them! Age-related development milestones are obtained by averaging out what many children do at various ages. No child is "average" in all areas. Each child is a unique person.

One final word of caution. As children grow, their abilities are shaped by the opportunities they have for learning. For example, although many five year olds can repeat songs and rhymes, the child who has not heard songs and rhymes many times cannot be expected to repeat them. All areas of development and learning are influenced by the child's experiences as well as by the abilities they are born with.

CHART OF NORMAL DEVELOPMENT*

MOTOR SKILLS

	Gross Motor Skills	Fine Motor Skills
0-12 months	Sits without support. Crawls. Pulls self to standing and stands unaided. Walks with aid. Rolls a ball in imitation of adult.	Reaches, grasps, puts object in mouth. Picks things up with thumb and one finger (pincer grasp). Transfers object from one hand to other hand. Drops and picks up toy.
12-24 months	Walks alone. Walks backward. Picks up toys from floor without falling. Pulls toy, pushes toy. Seats self in child's chair. Walks up and down stairs (hand-held). Moves to music.	Builds tower of 3 small blocks. Puts 4 rings on stick. Places 5 pegs in pegboard. Turns pages 2 or 3 at a time. Scribbles. Turns knobs. Throws small ball.

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* This chart is adapted from the "Preschool Profile" of the Communication Program of the Model Preschool Center for Handicapped Children, Experimental Education Unit, Child Development and Mental Retardation Center, University of Washington. It was prepared by the following staff of the Communication Program, under the direction of Dr. Alice Hayden, Project Director: Linda Lynch, Sue Soltman, Donna Hardman, and Mary O'Connor.

* The communication skills listed for ages 0-60 months were selected from The Sequenced Inventory of Communication Development (Seattle, Wash.: University of Washington Press, 1975).

	Gross Motor Skills	Fine Motor Skills
12-24 months (cont.)		Paints with whole arm movement, shifts hands, makes strokes.
24-36 months	Runs forward well. Jumps in place, two feet together. Stands on one foot, with aid. Walks on tiptoe. Kicks ball forward.	Strings 4 large beads. Turns pages singly. Snips with scissors. Holds crayon with thumb and fingers, not fist. Uses one hand consistently in most activities. Imitates circular, vertical, horizontal strokes. Paints with some wrist action; makes dots, lines, circular strokes. Rolls, pounds, squeezes, and pulls clay.
36-48 months	Runs around obstacles. Walks on a line. Balances on one foot for 5 to 10 seconds. Hops on one foot. Pushes, pulls, steers wheeled toys.	Builds tower of 9 small blocks. Drives nails and pegs. Copies circle. Imitates cross. Manipulates clay materials (for example, rolls balls,

	Gross Motor Skills	Fine Motor Skills
36-48 months (cont.)	Rides (that is, steers and pedals) tricycle. Uses slide without assistance. Jumps over 15 cm. (6") high object, landing on both feet together. Throws ball overhead. Catches ball bounced to him or her.	snakes, cookies).
48-60 months	Walks backward heel-toe. Jumps forward 10 times, without falling. Walks up and down stairs alone, alternating feet. Turns somersault.	Cuts on line continuously. Copies cross. Copies square. Prints a few capital letters.
60-72 months	Runs lightly on toes. Walks on balance beam. Can cover 2 meters (6'6") hopping. Skips on alternate feet. Jumps rope. Skates.	Cuts out simple shapes. Copies triangle. Traces diamond. Copies first name. Prints numerals 1 to 5. Colors within lines. Has adult grasp of pencil. Has handedness well established (that is, child is left- or right-handed).

	Gross Motor Skills	Fine Motor Skills
60-72 months (cont.)		Pastes and glues appropriately.

COMMUNICATION SKILLS

	Understanding of Language	Spoken Language
0-12 months	Responds to speech by looking at speaker. Responds differently to aspects of speaker's voice (for example, friendly or unfriendly, male or female). Turns to source of sound. Responds with gesture to *Hi*, *Bye-bye*, and *Up*, when these words are accompanied by appropriate gesture. Stops ongoing action when told *No* (when negative is accompanied appropriate gesture and tone).	Makes crying and non-crying sounds. Repeats some vowel and consonant sounds (babbles) when alone or when spoken to. Interacts with others by vocalizing after adult. Communicates meaning through intonation. Attempts to imitate sounds.
12-24 months	Responds correctly when asked *where*, when question is accompanied by gesture.	Says first meaningful word. Uses single words plus a gesture to ask for objects.

	Understanding of Language	Spoken Language
12-24 months (cont.)	Understands prepositions *on*, *in*, and *under*. Follows request to bring familiar object from another room. Understands simple phrases with key words (for example, *Open the door*, or *Get the ball*). Follows a series of 2 simple but related directions.	Says successive single words to describe an event. Refers to self by name. Uses *my* or *mine* to indicate possession. Has vocabulary of about 50 words for important people, common objects, and the existence, nonexistence, and recurrence of objects and events (for example, *more* and *all gone*).
24-36 months	Points to pictures of common objects when they are named. Can identify objects when told their use. Understands question forms *what* and *where*. Understands negatives *no*, *not*, *can't*, and *don't*.	Joins vocabulary words together in two-word phrases. Gives first and last name. Asks *what* and *where* questions. Makes negative statements (for example, *Can't open it*). Shows frustration at not being understood.

	Understanding of Language	Spoken Language
24-36 months (cont.)	Enjoys listening to simple storybooks and requests them again.	
36-48 months	Begins to understand sentences involving time concepts (for example, *We are going to the zoo tomorrow*). Understands size comparatives such as *big* and *bigger*. Understands relationships expressed by *if*...*then* or *because* sentences. Carries out a series of 2 to 4 related directions. Understands when told, *Let's pretend*.	Talks in sentences of three or more words, which take the form agent-action-object (*I see the ball*) or agent-action-location (*Daddy sit on chair*). Tells about past experiences. Uses "s" on nouns to indicate plurals. Uses "ed" on verbs to include past tense. Refers to self using pronouns *I* or *me*. Repeats at least one nursery rhyme and can sing a song. Speech is understandable to strangers, but there are still some sound errors.

	Understanding of Language	Spoken Language
48-60 months	Follows three unrelated commands in proper order. Understands comparatives like *pretty, prettier,* and *prettiest.* Listens to long stories but often misinterprets the facts. Incorporates verbal directions into play activities. Understands sequencing of events when told them (for example, *First we have to go to the store, then we can make the cake, and tomorrow we will eat it*).	Asks *when*, *how*, and *why* questions. Uses models like *can*, *will*, *shall*, *should*, and *might*. Joins sentences together (for example, *I like chocolate chip cookies and milk*). Talks about causality by using *because* and *so*. Tells the content of a story but may confuse facts.
60-72 months	Demonstrates pre-academic skills.	There are few obvious differences between child's grammar and adult's grammar. Still needs to learn such things as subject-verb agreement, and some irregular past tense verbs. Can take appropriate turns in a conversation. Gives and receives information. Communicates well with family, friends, or strangers.

INTELLECTUAL SKILLS

0-12 months	Looks at adults' faces when they are speaking. Turns head in direction of sounds. Follows moving object with eyes. Recognizes differences among people; responds to strangers by crying or staring. Responds to and imitates facial expressions of others. Responds to very simple directions (for example, raises arms when someone says, Come, and turns head when asked, Where is daddy?). Imitates gestures and actions (for example, shakes head no, plays peek-a-boo, waves bye-bye). Puts small objects in and out of container with intention.
12-24 months	Imitates actions and words of adults. Understands and follows simple, familiar directions (for example, Give me the cup. Show me your doll. Get your shoes). Responds to words or commands with appropriate action (for example, Stop that. Get down). Is able to match two similar objects. Looks at storybook pictures with an adult, naming or pointing to familiar objects on request (for example, What is that? Point to the baby). Recognizes difference between you and me. Has very limited attention span. Accomplishes primary learning through own exploration.

INTELLECTUAL SKILLS

24-36 months

Responds to simple directions (for example, Give me the ball and the block. Get your shoes and socks).

Selects and looks at picture books, names pictured objects, and identifies several objects within one picture.

Matches and uses associated objects meaningfully (for example, given cup, saucer, and bead, puts cup and saucer together).

Stacks rings on peg in order of size.

Recognizes self in mirror, saying, baby, or own name.

Can talk briefly about what he or she is doing.

Imitates adult actions (for example, housekeeping play).

Asks names of objects: What's or What's dat?

Knows own sex.

Has limited attention span; learning is through exploration and adult direction (as in reading of picture stories).

Is beginning to understand functional concepts of familiar objects (for example, that a spoon is used for eating) and part/whole concepts (for example, parts of the body).

36-48 months

Imitates phrases of songs or rhymes.

Recognizes and matches six colors.

Intentionally stacks blocks or rings in order of size.

Draws somewhat recognizable picture that is meaningful to child, if not to adult; names and briefly explains picture.

INTELLECTUAL SKILLS

36-48 months (cont.)	Asks questions for information: *Why* and *How* questions requiring simple answers. Knows own age. Knows own last name. Has short attention span; learns through observing and imitating adults, and by adult instruction and explanation; is very easily distracted. Has increased understanding of concepts of the functions and grouping of objects (for example, can put doll house furniture in correct rooms) part/whole (for example, can identify pictures of hand and foot as parts of body). Begins to be aware of past and present (for example, *Yesterday we went to the park*. *Today we go to the library*).
48-60 months	"Reads" pictures to self and others; points to objects within picture and describes action. Repeats longer phrases from rhymes, songs, and stories. Plays with words: creates own rhyming words, says or makes up words having similar sounds. Points to and names 4 to 6 colors. Matches pictures of familiar objects (for example, shoe, sock, foot; apple, orange, banana). Draws a person with 2 to 6 recognizable parts, such as head, arms, legs; can name or match drawn parts to own body.

INTELLECTUAL SKILLS

48-60 Draws, names, and describes recognizable picture.

months Recalls and retells parts of familiar story.

(cont.) Rote counts to 5, imitating adults.

Follows more complex directions (for example, *Get the book off the table and close the door*).

Knows own street and town.

Has more extended attention span; learns through observing and listening to adults as well as through exploration; is easily distracted.

Has increased understanding of concepts of function, time, part/whole relationships; can state or describe these concepts in simple words. Function or use of objects may be stated in addition to names of objects (for example, instead of *wagon* or *pull wagon*, child can state, *I pull Johnny in the wagon* upon seeing a picture of a wagon).

Time concepts are expanding. The child can talk about yesterday or last week (a long time ago), about today, and about what will happen tomorrow.

60-72 Retells story from picture book with reasonable accuracy.

months Names some letters and numerals.

Rote counts to 10.

60-72 months (cont.)	Sorts objects by single characteristics (for example, by color, shape, or size--if the difference is obvious.
	Is beginning to use accurately time concepts of tomorrow and yesterday.
	Follows and recalls directions and series of directions (as in simple group names).
	Uses classroom tools (such as scissors and paints) meaningfully and purposefully.
	Begins to tell left from right.
	Begins to relate clock time to daily schedule.
	Attention span increases noticeably; learns through adult instruction; when interested, can ignore distractions.
	Concepts of function increase as well as understanding of why things happen; time concepts are expanding into an understanding of the future in terms of major events (for example, Christmas will come after two weekends).

SELF-HELP SKILLS

0-12 months	Feeds self cracker.
	Holds cup with two hands, drinks with assistance.
	Holds out arms and legs while being dressed.
12-24 months	Uses spoon, spilling little.
	Drinks from cup, one hand, unassisted.
	Chews food.
	Removes shoes, socks, pants, sweater.
	Unzips large zipper.
	Indicates toilet needs.
24-36 months	Uses spoon, little spilling.
	Gets drink from fountain or faucet unassisted.
	Opens door by turning handle.
	Takes off coat.
	Puts on coat with assistance.
	Washes and dries hands with assistance.
36-48 months	Pours well from small pitcher.
	Spreads soft butter with knife.
	Buttons and unbuttons large buttons.
	Washes hands unassisted.
	Blows nose when reminded.
	Uses toilet independently.

SELF-HELP SKILLS

48-60 months	Cuts easy foods with a knife (for example, hamburger patty, tomato slice). Laces shoes.
60-72 months	Dresses self completely. Ties bow. Brushes teeth unassisted. Crosses street safely.

SOCIAL SKILLS

0-12 months	Smiles spontaneously.
	Responds differently to strangers than to familiar people.
	Pays attention to own name.
	Responds to No.
	Copies simple actions of others.
12-24 months	Recognizes self in mirror or picture.
	Refers to self by name.
	Plays by self; initiates own play.
	Imitates adult behaviors in play.
	Helps put things away.
24-36 months	Plays near other children.
	Watches other children, joins briefly in their play.
	Defends own possessions.
	Begins to play house.
	Symbolically uses objects, self in play.
	Participates in simple group activity (for example, sings, claps, dances).
	Knows gender identity.
36-48 months	Joins in play with other children; begins to interact.
	Shares toys; takes turns with assistance.
	Begins dramatic play, acting out whole scenes (for example, traveling, playing house, pretending to be animals).

SOCIAL SKILLS

48-60 months	Plays and interacts with other children.
	Dramatic play is closer to reality, with attention paid to detail, time, and space.
	Plays dress-up.
	Shows interest in exploring sex differences.
60-72 months	Chooses own friend(s)
	Plays simple table games.
	Plays competitive games.
	Engages in cooperative play with other children involving group decisions, role assignments, fair play.

GLOSSARY

ALBINISM: A lack of pigment in the eyes, skin, and hair. Albinism is frequently associated with significant eye disorders. Children with albinism have fair skin, whitish-blond hair, and eyes that appear pink in front.

AMBLYOPIA: Reduced vision (20/30 Snellen or less). Vision in these cases is not easily improved. If the condition is discovered and treated early (especially in children aged less than ten), the probable outcome of the disease will generally be better. Amblyopia ex anopsia is dimness of vision due to lack of use of the eye (also called lazy eye blindness).

ANISEIKONIA: A condition in which one eye sees an object as one size and shape and the other eye sees the same object as a different size and shape.

ASTHENOPIA: Symptoms and signs of stress and discomfort resulting from using the eyes (for example, headache, lack of energy, or tearing of the eyes). Usually caused by an optical or muscle disorder, or eye infection, which can be treated.

ASTIGMATISM: A condition that causes blurred vision at all distances. Children who have astigmatism may complain of headaches and tire easily.

BINOCULAR VISION: The ability to use the two eyes together to focus on an object and blend the two images into a single image.

BLEPHARITIS: Inflammation of the eyelids. Associated with itchiness, redness, tearing, and a gritty feeling. May be accompanied by a discharge of mucous or pus, which collects on the lids (especially in the lashes), and in the tear sacs.

BUPHTHALMOS: Large eyeball. Associated with infantile glaucoma.

C, CC (CUM CORRECTION): With correction; wearing prescribed lenses.

CATARACT: A clouding of the lens of the eye, which reduces the amount of light received at the retina. Useful vision may be completely blocked out, depending upon the location of the cataract and how dense it is. Cataracts can be removed, and spectacles or contact lenses can be substituted for the cloudy natural lens.

CENTRAL VISUAL ACUITY: Ability of the eye to perceive the shape of objects in the direct line of vision. Usually measured in a Snellen test.

COLOR DEFICIENCY: Reduced ability to perceive differences in color. Usually involves subtle differences in reds and greens and between reds and greens.

CONJUNCTIVITIS: Inflammation of the conjunctiva, which is the membrane lining the eyelid and covering the front part of the eyeball. Sometimes associated with blepharitis.

CROSSED EYE: Esotropia. See strabismus.

DEPTH PERCEPTION: The ability to perceive the depth of objects and their relative position in space.

ESOTROPIA: See strabismus.

EYE DOMINANCE: Tendency of one eye to do most of the seeing, with help from the less dominant eye.

EXOTROPIA: See strabismus.

FARSIGHTEDNESS: See hyperopia.

FIELD OF VISION: The entire area that the eye can encompass without shifting position from straight ahead.

GLAUCOMA: A condition in which the normal fluid (aqueous humour) of the eye does not drain off properly, causing increased pressure within the eye. The increased pressure causes damage to the optic nerve, resulting in severe loss of sight or tunnel vision. (In tunnel vision, only the center of the visual field remains.) Glaucoma can be treated to control the pressure in the eye.

HYPEROPIA: A condition resulting in a blurred image for distance vision and near vision. Easily corrected by spectacles. A child with hyperopia may tire easily, and be restless and inattentive during tasks requiring close work. If the child already has glasses, you should encourage him or her to wear them. Hyperopia is also called farsightedness, although hyperopic individuals frequently experience problems in distance vision as well as near vision.

JAEGER TEST: A test for near vision in which lines of reading matter are printed in a series of various sizes of type.

LAZY EYE BLINDNESS: See amblyopia.

LIGHT PERCEPTION (L.P.): The ability to distinguish light from dark.

MYOPIA: A condition resulting in a blurred image for distance vision. Easily corrected by spectacles. Near vision is usually quite good. A child with myopia may tire easily, and be restless and inattentive during tasks requiring distance vision. If the child already has glasses, you should encourage him or her to wear them. Myopia is also called nearsightedness. High myopia, or extreme nearsightedness, causes a visual impairment that can be corrected.

NEARSIGHTEDNESS: See myopia.

NEAR VISION: The level of visual acuity in a person's near reading distance (8 to 20 inches).

NIGHT BLINDNESS: A condition in which sight is good by day but reduced in low light and at night.

NYSTAGMUS: Involuntary rapid, rhythmic eye movements. This eye condition usually occurs in combination with a visual handicap. The rapid eye movements are usually side-to-side and continuous. To help a child focus more clearly, you might suggest that he or she put her fingers on whatever she wishes to see, or use a marker for close work.

O.D. (OCULUS DEXTER): Right eye.

OPTIC ATROPHY: A condition in which the optic nerve is damaged. Color vision may be impaired along with visual acuity. Children with optic atrophy usually need more contrast between print and paper (that is, black print on white paper is much easier for them to see than colored mimeographed materials). If there are central visual acuity problems, hand-held magnifiers often prove helpful.

ORIENTATION AND MOBILITY INSTRUCTOR: A specialist who provides a handicapped child with the concepts and skills needed to understand and move about safely and easily. Also called a peripatologist.

O.S. (OCULUS SINISTER): Left eye.

O.U. (OCULUS UTERQUE): Both eyes.

PERIPHERAL VISION: The ability to perceive the presence, motion, or color of objects that are outside the direct line of vision.

PERIPATOLOGIST: See orientation and mobility instructor.

RETINAL DETACHMENT: An eye condition in which a hole in the retina has allowed fluid to leak in behind the retina and push the retina off the back of the eye. Significant amounts of vision may be lost, depending upon the degree of separation and type of surgery performed to correct the problem.

RETINITIS PIGMENTOSA: A condition in which the retina functions progressively worse throughout life. Side vision is usually decreased before central vision. Color blindness and night blindness are common symptoms of this disturbance.

RETROLENTAL FIBROPLASIA: A disease of the retina, in which a mass of scar tissue forms in back of the lens of the eye. The disease usually affects both eyes. In severe cases there is complete loss of sight.

SNELLEN TEST: A test for central visual acuity. It consists of lines of letters, numbers, or symbols in graded sizes drawn to Snellen measurements. For preschoolers, only the Big E is used in a variety of positions. Each size is labeled with the distance at which it can be read by the normal eyes. It is most often used for testing vision at a distance of 20 feet.

STRABISMUS: A condition in which the eye turns or squints, due to a muscle or sight disturbance. Vision is lessened in the squinting eye. If the eye is turned toward the nose, the condition is called esotropia. If the eye is turned away from the nose, the condition is called exotropia. Children with either one of these types of strabisums may use one eye continuously or both eyes alternately. The visual problem can often be corrected by patching the stronger eye. This treatment is seen most frequently in children who are between the ages of two and seven. The patch may be worn part or all of the day, depending on instructions from the eye doctor. The eye turn can be corrected by spectacles in some children. For others, surgery may be necessary.

TRACHOMA: An infectious disease of the eye causing scarring of the cornea, which reduces vision to light perception only.

VISUAL ACUITY: Sharpness of vision.